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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -8 PH 3:29

DOCUMENT # H17154 (6)

1. Corporation Name

COMMUNITIES MANAGEMENT CO. OF PALM BEACH

Principal Place of Business

**1555 PALM BCH. LKS. BLVD. #1100
WEST PALM BEACH FL 33401-2357**

Mailing Address

**1555 PALM BCH. LKS. BLVD. #1100
WEST PALM BEACH FL 33401-2357**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/17/1984

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

4. FEI Number

59-2444870

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**ECCLESTONE, E. LLWYD, JR.
1555 PALM BCH. LKS. BLVD.
SUITE 1100
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CPD

NAME

ECCLESTONE, E. LLWYD JR.

STREET ADDRESS

1555 PALM BCH LKS BLVD.

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

V

NAME

QUEEN, SUSAN M.

STREET ADDRESS

1555 PALM BCH LKS BLVD.

CITY-ST-ZIP

WEST PALM BEACH FL

TITLE

S

NAME

LEYENDECKER, HELENA

STREET ADDRESS

1555 PALM BCH LKS BLVD.

CITY-ST-ZIP

W. PALM BEACH FL

TITLE

VTD

NAME

COOPER, RON

STREET ADDRESS

1555 PALM BCH LKS BLVD.

CITY-ST-ZIP

WEST PALM BCH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95 (407) 625-8588

Date

Daytime Phone