

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M44550** (5)

1. Corporation Name

RESORT ASSOCIATES OF PALM BEACH, INC.



Principal Place of Business

**3015 N. OCEAN BLVD.
#C-121
FT. LAUDERDALE FL 33308-7300**

Mailing Address

**3015 N. OCEAN BLVD.
#C-121
FT. LAUDERDALE FL 33308-7300**

3. Date Incorporated or Qualified

01/09/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMBERT, JAMES E.
3015 N. OCEAN BLVD.
#C-121
FT. LAUDERDALE FL 33308**

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 the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LAMBERT, JAMES E	
STREET ADDRESS	3015 N. OCEAN BLVD. #121	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	VT	☐ DELETE
NAME	HIERHOLZER, LARRY	
STREET ADDRESS	3015 NORTH OCEAN BLVD.	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	V	☐ DELETE
NAME	POLANSKY, BRUCE	
STREET ADDRESS	2831 N.E. 60TH ST.	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	S	☐ DELETE
NAME	FOSTER, REBECCA A.	
STREET ADDRESS	6094 VISTA LINDA LN.	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	ASD	☐ DELETE
NAME	HAMMER, DICE C.	
STREET ADDRESS	300 WELLINGTON DR.	
CITY- ST- ZIP	CHARLOTTESVILLE VA	
TITLE		☐ DELETE
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 119.07(3)(k), 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

Secretary
Rebecca A. Foster

3/12/96

305-563-2444

Daytime Phone

CR2E034 (12/95)