

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1987

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0000795

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Rebecca A. Foster**
82 Street Address (P.O. Box Number is Not Acceptable)
3015 N. Ocean Blvd.
83 **Suite 121**
84 City **Ft. Lauderdale** FL 85 Zip Code **33308**

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, to 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

Rebecca A. Foster, Secretary

(NOTE: Registered Agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAMBERT, JAMES E
3015 N. OCEAN BLVD. #121
FT. LAUDERDALE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VI
HIERHOLZER, LARRY
3015 NORTH OCEAN BLVD.
FT. LAUDERDALE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
POLANSKY, BRUCE
2831 N.E. 60TH ST.
FT. LAUDERDALE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FOSTER, REBECCA A.
6094 VISTA LINDA LN.
BOCA RATON FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
HAMMER, DICE C.
300 WELLINGTON DR.
CHARLOTTESVILLE VA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



Secretary

Rebecca A. Foster 4/27/98

9511-523-2444

CR2E034 (10/97)