


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90081 039 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N00330</b>                     |  |
| 1. Entity Name<br><b>P.R.N.I.I.M.A, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>600 SEAA PINE WAY<br/>CLUBHOUSE<br/>WPB FL 33415<br/>US</b> | Mailing Address<br><b>600 SEA PINE WAY<br/>WEST PALM BEACH FL 33415</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2355501</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|



MOORE CR2E037 (11/03)

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MONCHICK, MICHAEL J.<br/>1501 OLD OKEECHOBEE RD<br/>W PALM BCH FL 33409</b> |
|--|

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|--|------------------------------------|

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ZIMMERMAN, SIDNEY <input checked="" type="checkbox"/> Delete<br>620E SEA PINE WAY<br>WEST PALM BEACH FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SHEVETT, BERTHA <input type="checkbox"/> Delete<br>611C SEA PINE WAY<br>WEST PALM BEACH FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAND, MORRIS <input checked="" type="checkbox"/> Delete<br>614 SEA PINE WAY<br>WEST PALM BEACH FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD Joseph Simonetti <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>603 A1 Sea Pine Way<br>W P B FL 33415         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D Anthony Grosso <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>623 B2 Sea Pine Way<br>W P B FL 33415 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D,S Marian Davis <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>610 71 Sea Pine Way<br>W P B FL 33415 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bertha Shevett Sec. Treas. 1/27/04 433-8458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #