

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N01094** (4)
1. Corporation Name
SOCIETY HILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
ASSOC PROPERTY MGMT
400 S DIXIE HWY. #10
LAKE WORTH FL 33460
US

3. Date Incorporated or Qualified **01/26/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2469336** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

ST JOHN KING &
500 AUSTRALIAN AVE S 600
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name **Assoc Property Mgmt**
82 Street Address (P.O. Box Number is Not Acceptable) **400 South Dixie Highway**
83 #10
84 City **Lake Worth** FL 85 Zip Code **33460**

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 Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]* Agent **4/26/95**

12. OFFICERS AND DIRECTORS

TITLE	RD
NAME	ROSENFIELD, SAMUEL
STREET ADDRESS	5117 SOCIETY PLACE W
CITY, ST, ZIP	W PALM BCH FL
TITLE	TD
NAME	PARRIS, STEVEN
STREET ADDRESS	5099 H SOCIETY PLACE W
CITY, ST, ZIP	W. PALM BCH. FL
TITLE	D
NAME	SHOREY, JIM
STREET ADDRESS	781-D HILL DR.
CITY, ST, ZIP	WEST PALM BCH. FL
TITLE	SD
NAME	ALBERTSON, ANDREA
STREET ADDRESS	833A HILL DR
CITY, ST, ZIP	W PALM BCH FL
TITLE	DV
NAME	ROBNOLTE, FAYE
STREET ADDRESS	778A HILL DR
CITY, ST, ZIP	W PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 683-8057
Date Telephone Number