

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

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  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

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**

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ASSOC. PROP MGMT~~  
**ASSOC. PROP MGMT**  
400 S DIXIE HWY STE 10  
LAKE WORTH FL 33460

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~TO~~ ☒ DELETE  
NAME ~~PARRIO, STEVEN~~  
STREET ADDRESS ~~5699 H SOCIETY PLACE W~~  
CITY-ST-ZIP ~~W PALM BCH FL~~

TITLE ☐ DELETE  
NAME D  
SHOREY, JIM  
STREET ADDRESS 781-D HILL DR.  
CITY-ST-ZIP WEST PALM BCH FL

TITLE ☐ DELETE  
NAME SD  
ALBERTSON, ANDREA  
STREET ADDRESS 833A HILL DR  
CITY-ST-ZIP W PALM BCH FL

TITLE ~~TO~~ ☒ DELETE  
NAME ~~ROBNOLTE, FAYE~~  
STREET ADDRESS ~~778A HILL DR~~  
CITY-ST-ZIP ~~W PALM BCH FL~~

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Weiss, Wendy  
1.3 STREET ADDRESS 833D Hill Drive  
1.4 CITY-ST-ZIP WPB, FL

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 VD ☐ Change ☒ Addition  
4.2 NAME Vera, Angeles  
4.3 STREET ADDRESS 778 G Hill Drive  
4.4 CITY-ST-ZIP WPB, FL

5.1 TITLE TD ☐ Change ☒ Addition  
5.2 NAME Shannonhouse, Pam  
5.3 STREET ADDRESS 5117 Society Place West  
5.4 CITY-ST-ZIP WPB, FL

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)