

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



Principal Place of Business % JEAN FOSTER MANAGEMENT 4930 LUWAL DRIVE WEST PALM BEACH FL 33415-1333 US	Mailing Address % JEAN FOSTER MANAGEMENT 4930 LUWAL DRIVE WEST PALM BEACH FL 33415-1333 US
--	--

3. Date Incorporated or Qualified
01/26/1984

4. FEI Number 59-2469336	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

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

**ST. JOHN, DICKER & CAPLAN
500 AUSTRALIAN AVENUE SOUTH., #600
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ALBERTSON, ANDREA
STREET ADDRESS	832-A HILL DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	VD
NAME	WEISS, WENDY
STREET ADDRESS	832-D HILL DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	SD
NAME	HOLES, MICHELLE
STREET ADDRESS	850-B HILL DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	TD
NAME	SHOREY, JAMES
STREET ADDRESS	781-D HILL DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	D
NAME	GETTIG, DEANNA
STREET ADDRESS	5112 E. SOCIETY PLACE W.
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrea Albertson* **Andrea Albertson Pres.** 3/18/98 561-697-8505

CR2E037 (10/97)