

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90001 008 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01094**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/26/1984

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DE~~ ☐ DELETE  
NAME ALBERTSON, ANDREA  
STREET ADDRESS 833-A HILL DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VD ☒ DELETE  
NAME WEISS, WENDY  
STREET ADDRESS 832-D HILL DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE SD ☒ DELETE  
NAME HOLES, MICHELLE  
STREET ADDRESS 850-B HILL DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE TD ☒ DELETE  
NAME SHOREY, JAMES  
STREET ADDRESS 781-D HILL DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☒ DELETE  
NAME GETTIG, DEANNA  
STREET ADDRESS 5112 E. SOCIETY PLACE W.  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition  
1.2 NAME Albertson, Andrea  
1.3 STREET ADDRESS 833-A Hill Drive  
1.4 CITY-ST-ZIP W.P.B., FL 33415

2.1 TITLE PD ☐ Change ☒ Addition  
2.2 NAME Paris, Steve  
2.3 STREET ADDRESS 5099H Society Place West  
2.4 CITY-ST-ZIP W.P.B., FL 33415

3.1 TITLE VPD ☐ Change ☒ Addition  
3.2 NAME O'Donnell, Sean  
3.3 STREET ADDRESS 5508H Cannon Way  
3.4 CITY-ST-ZIP W.P.B., FL 33415

4.1 TITLE TD ☐ Change ☒ Addition  
4.2 NAME Hevey, Marielle  
4.3 STREET ADDRESS 833C Hill Drive  
4.4 CITY-ST-ZIP W.P.B., FL 33415

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Vera, Angeles  
5.3 STREET ADDRESS 778-G Hill Drive  
5.4 CITY-ST-ZIP W.P.B., FL 33415

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99 689-1723  
Date Daytime Phone #

CR2E037 (1/98)