FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:47

DOCUMENT # N05887 (7)

1. Corporation Name

THE CHARTER CLUB OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 FOXTAIL DR WEST PALM BEACH FL 33415	200 FOXTAIL DR WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2469338 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GALLAGHER, JOHN
204 B2 FOXTAIL DRIVE
WEST PALM BEACH FL 33415

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 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, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, JOHN	1.2 NAME		
STREET ADDRESS	204 B2 FOXTAIL DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWLEY, ROBERT A	2.2 NAME		
STREET ADDRESS	201 H-1 FOXTAIL DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	MILLER, ROBERT	3.2 NAME	MILLER, HERBERT	
STREET ADDRESS	209 B1 FOXTAIL DR.	3.3 STREET ADDRESS	209 B1 FOXTAIL DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL.	
TITLE	VD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	JANOSKI, FRANK	4.2 NAME	MILLER, ELEANOR	
STREET ADDRESS	204 B1 FOXTAIL DR	4.3 STREET ADDRESS	206 F2 FOXTAIL DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL.	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	BARTOLINI, JULIAN	5.2 NAME		
STREET ADDRESS	205 F1 FOXTAIL DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Robert A Rowley 3-28-95 407 641-0730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #