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Jul 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05887 (7)
1. Corporation Name
THE CHARTER CLUB OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 200 FOXTAIL DR WEST PALM BEACH FL 33415	Mailing Address 200 FOXTAIL DR WEST PALM BEACH FL 33415-6159
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/26/1984		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2469338		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29		Country 30	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MILLER, HERBERT 3503 RIDGE TREE COURT GREENACRES FL 33463				10. Name and Address of New Registered Agent			
				81 Name Herbert Miller			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 3503 Ridge Tree Court			
				84 City Greenacres			
				85 Zip Code FL 33463			

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 Herbert Miller HERBERT MILLER 4/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, HERBERT			3.2 NAME			
STREET ADDRESS	3503 RIDGE TREE CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	GREENACRES FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JANOSKI, FRANK			4.2 NAME			
STREET ADDRESS	204 B1 FOXTAIL DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MILLER, ELEANOR			5.2 NAME	Buchan, Barbara		
STREET ADDRESS	208 F2 FOXTAIL DR			5.3 STREET ADDRESS	209-C1 Foxtail Drive		
CITY-ST-ZIP	WEST PALM BCH FL			5.4 CITY-ST-ZIP	West Palm Beach, FL. 33415		
TITLE	S	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARTOLINI, JULIAN			6.2 NAME	Sasman, Carol		
STREET ADDRESS	205-F1 FOXTAIL DR			6.3 STREET ADDRESS	207-E2 Foxtail Drive		
CITY-ST-ZIP	WEST PALM BEACH FL			6.4 CITY-ST-ZIP	West Palm Beach, FL. 33415		

14. I do 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 Herbert Miller 4-9-97 FL 1141-0720

CR2E037 (9/96)