

# 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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N20797 (9)**  
1. Corporation Name  
**PALMETTO PARK ROAD CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**21929 HIGH PINE TRL  
BOCA RATON FL 33428  
US**

Mailing Address  
**21929 HIGH PINE TRL  
BOCA RATON FL 33428  
US**

3. Date Incorporated or Qualified  
**05/22/1987**

3a. Date of Last Report  
**06/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	

## 9. Name and Address of Current Registered Agent

**MANCERI, MARK R.  
2400 E. COMMERCIAL BLVD.  
#711  
FT. LAUDERDALE FL 33308**

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, STEVE</b>	
STREET ADDRESS	<b>21947 WHITE PINE TRAIL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LIWONCHUK, MARK P.</b>	
STREET ADDRESS	<b>8955 OLD PINE RD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDO, ELIZABETH</b>	
STREET ADDRESS	<b>21929 HIGH PINE TRL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ATLER, NEIL</b>	
STREET ADDRESS	<b>21946 CRICKLEWOOD TERR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTZ, CHARLES W.</b>	
STREET ADDRESS	<b>21964 PINE BARK WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KETZEL, RON</b>	
STREET ADDRESS	<b>8939 OLD PINE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

### 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:**

*Neil Atler* (Neil Atler)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

Date

**407) 482 5149**

Daytime Phone #

CR2E037 (12/95)