


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
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 33428-3045 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	LEWIS, STEVE		
STREET ADDRESS	21947 WHITE PINE TRAIL		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	LIWONCHUK, MARK P.		
STREET ADDRESS	8955 OLD PINE RD.		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	TSD	<input type="checkbox"/> DELETE	
NAME	RANDO, ELIZABETH		
STREET ADDRESS	21929 HIGH PINE TRL		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ATLER, NEIL		
STREET ADDRESS	21946 CRICKLEWOOD TERR.		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MARTZ, CHARLES W.		
STREET ADDRESS	21964 PINE BARK WAY		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KETZEL, RON		
STREET ADDRESS	8939 OLD PINE ROAD		
CITY-ST-ZIP	BOCA RATON FL		
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 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: <u>Neil Atler</u> <u>4/28/97</u> <u>561)482-5149</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041781			

CR2E037 (9/96)