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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21704** (4)

1. Corporation Name
PALM CHASE LAKES ASSOCIATION, INC.

Principal Place of Business Mailing Address
5859 CENTER COURT DR. BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2834981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**SCHUSTER, HARVEY
10057 ANDREA LN.
STE A
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent
81 Name
SOL MEISELS
82 Street Address (P.O. Box Number is Not Acceptable)
10033 ANDREA LANE
83
84 City
BOYNTON BEACH FL 85 Zip Code
33437

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 *Sol Meisels* 2-28-95.
Signature (typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DLUGASCH, JOEL
STREET ADDRESS	5869 SUNSWEPT LN.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VP
NAME	GOLDEN, FRANK
STREET ADDRESS	1003 ANDREA LN.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	T
NAME	SCHUSTER, HARVEY
STREET ADDRESS	10057 ANDREA LN.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD
NAME	ADLER, REUBEN
STREET ADDRESS	5893 SUNSWEPT LN.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VD
NAME	MEISELS, SOL
STREET ADDRESS	10033 ANDREA LN.
CITY-ST-ZIP	BOYNTON BCH. FL
TITLE	D
NAME	LAIN, MARVIN
STREET ADDRESS	5815 BROOK BOUND LN
CITY-ST-ZIP	BOYNTON BCH. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SOL MEISELS
3.3 STREET ADDRESS	10033 ANDREA LANE
3.4 CITY-ST-ZIP	BOYNTON BEACH FL
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 checked="" type="checkbox"/> Addition
5.2 NAME	VP GENE R. J. BIN
5.3 STREET ADDRESS	10359 S Circle Lake Drive
5.4 CITY-ST-ZIP	BOYNTON BEACH FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ELAINE BLITZER
6.3 STREET ADDRESS	10383 S-CIRCLE LAKE DRIVE
6.4 CITY-ST-ZIP	BOYNTON BEACH FL

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 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joel Dlugasch* **JOEL DLUGASCH** 2-28-95 407-738-1983
Signature (typed or printed name of signing officer or director) Date Daytime Phone #