

**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

**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** **5859 CENTER COURT DR.  
BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified <b>07/24/1987</b>	3a. Date of Last Report <b>03/23/1995</b>
4. FEI Number <b>59-2834981</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

~~MEISELS, SOL  
10033 ANDREA LANE  
STE A  
BOYNTON BEACH FL 33437~~

**10. Name and Address of New Registered Agent**

81 Name <b>ARTHUR BART</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10465 BREEZY LAKE LANE</b>
83 <b>#101</b>
84 City <b>BOYNTON BEACH, FL</b>
85 Zip Code <b>33437</b>

11. Pursuant to the provisions of Sections 617.02 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 *Arthur Bart* **ARTHUR BART TREASURER** **4-11-96**  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DLUGASCH, JOEL 5869 SUNSWEPT LN. BOYNTON BEACH FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>TD BART, ARTHUR 10465 BREEZY LAKE LANE #101 BOYNTON BEACH, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GOLDEN, FRANK 1003 ANDREA LN. BOYNTON BEACH FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D TAUBE, BARBARA 5793 JARRETT DRIVE BOYNTON BEACH, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MEISELS, SOL 10033 ANDREA LANE BOYNTON BEACH FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D SILVERBERG, MARTY 5861 SUNSWEPT LANE BOYNTON BEACH, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ADLER, REUBEN 5893 SUNSWEPT LN. BOYNTON BEACH FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RUBIN, GENE 10359 S. CIRCLE LAKE DRIVE BOYNTON BEACH FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLITZER, ELAINE 10383 S. CIRCLE LAKE DRIVE BOYNTON BEACH FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>SD BLITZER, ELANE 10383 S. CIRCLE LAKE DRIVE BOYNTON BEACH, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joel Dlugasch* **JOEL DLUGASCH** **4/19/96** **407-738-1983**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)