FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Sulte, Apt. #, etc.

BART, ARTHUR

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

V. 10485 BREEZY LAKE LANE

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🕒

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21704

(4)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

PALM CHASE LAKES ASSOCIATION, INC.

Country

10359 S. CIRCLE LAKE DRIVE

10383 S CIBOLE LAKE DRIVE

BOYNTON BEACH FL

BLITZER, ELANE

25

Principal Place of Business	Mailing Address				
5859 CENTER COURT DR. BOYNTON BEACH FL 33437	5859 CENTER COURT DR. BOYNTON BEACH FL 33437-3426				
-					

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Name and Address of Current Registered Agent

FILED
May 20 1997 8:00am
Secretary of State

Date Incorporated or Qualified 07/24/1987	3a. Date of Last Report 04/18/1996			
FEI Number 59-2834981		Applied For		
38 200480 I		Not Applicable		
Certificate of Status Desired		\$8.75 Additional Fee Required		
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
This	-41-1-	400,000		

Yes No

3.

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

5973 Jarrett Drive

DIRECTOR

Shirlee Gelman

5852 Sunswept Lane

10. Name and Address of New Registered Agent

CENERAL DIR CIARLEMENT CONTRACTOR CONTRACTOR

SUITE 10 BOYNTO	01 N Be ach FL 33437		83 84	City	600002 -06/03/97- ***61,25	2002 -01091 F l	Z 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent.										
SIGNATURE Signature, typed of printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating)										
12.	OFFICERS AND DIRE	CTORS	13.		ADDITIONS/CHANGES T	O OFFICERS AN	ID DIRECTORS IN 18 20			
TITLE	P	DELETE 1	.1 TITLE	P/D	PRESIDEN	${f T}$	Change The litton			
NAME	DLUGASCH, &QEL	1	.2 NAME	, 0						
STREET ADDRESS	5869 SUNSWEPT LN.	1	.3 STREET		Arthur Bar		But Bul			
CITY-ST-ZIP	BOYNTON BEACH FL		4 CITY-S	T - ZIP	10465 Breezv Lak	ce Lane	MUTUAL SURGE			
TITLE	VP (DELETE 2	1 TITLE		VICE PRESID	, ,	Addition			
NAME	GOLDEN, RRANK	2	2 NAME	, -			29 hel			
STREET ADDRESS	1003 ANDRÉALIN.		3 STREET		Elaine Blitz		KAY NON VEH			
CITY-ST-ZIP	BOYNTON BEACH FL	2	. 4 CITY - 5	31-ZIP 1	0383 S. Circle La	ke Driv	FU			
TITLE	10	DELETE 3	IT TITLE 🕻	1/D		MAN TOTAL	Change Addition			
NAME	BART, A RTHUR	3	2 NAME	, ,	2nd VICE PRESIDENT		1.)33434			
STREET ADDRESS	10465 BREEZY LAKE LANE #101	3	3 STREET	ADDRESS	Marvin Laine	3	K			
CITY-ST-ZIP	BOYNTON BEACH FL		.4. CITY - S	ST-ZIP,	5815 Brook Bound Lane	TUYOG	on react to			
TITLE	0	☐ DELETE 4	.1 TITLE	T/D	TREASUREŔ		Change Addition			
NAME	TAUBE, BARBARA	4	. 2 NAME	70	Martin Silverberg	5	Rosa II			
STREET ADDRESS	5793 JARRETT DRIVE	4	3 STREET	ADDRESS	Martin Silverberg 5861 Sunswept Lane	BOYNT	DO DEMON			
CITY-ST-ZIP	BOYNTON BEACH FL		4 CITY-S	T-ZIP	L		5上33437			
TITLE	VP C	DELETE 5	1 TITLE	S/D	SECRETARY		Change Addition			
NAME	RUBIN, GENE		.2 NAME	-70	Barbara Taube		.D-0-1			

Country

64 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 as 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 of the recovers or flustee 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, I on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE D

6.2 NAME

DELETE