

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21704 (4)
 f. Corporation Name
PALM CHASE LAKES ASSOCIATION, INC.



Principal Place of Business 5859 CENTER COURT DR. BOYNTON BEACH FL 33437	Mailing Address 5859 CENTER COURT DR. BOYNTON BEACH FL 33437
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3. Date Incorporated or Qualified 07/24/1987		
4. FEI Number 59-2834981	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

BART, ARTHUR
10485 BREEZY LAKE LANE
SUITE 101
BOYNTON BEACH FL 33437

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 *[Signature]* DATE **1/19/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME BART, ARTHUR	
STREET ADDRESS 10485 BREEZY LAKE LANE	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE VD	<input type="checkbox"/> DELETE
NAME BLITZER, ELAINE	
STREET ADDRESS 10383 S. CIRCLE LAKE DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE VD	<input type="checkbox"/> DELETE
NAME LAIN, MARVIN	
STREET ADDRESS 5815 BROOK BOUND LANE	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE TD	<input type="checkbox"/> DELETE
NAME SILVERBURG, MARTIN	
STREET ADDRESS 5861 SUNSWEEP LANE	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE SD	<input type="checkbox"/> DELETE
NAME TAUBE, BARBARA	
STREET ADDRESS 5973 JARRETT DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE MIRLAY GELMAN	<input checked="" type="checkbox"/> DELETE
NAME MIRLAY GELMAN	
STREET ADDRESS 5852 SUNSWEEP LANE	
CITY-ST-ZIP BOYNTON BEACH FL 33437	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME FRANK GOLDEN	
1.3 STREET ADDRESS 10032 Andrea Lane	
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	
2.1 TITLE DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME GLORIA LICHTENBERG	
2.3 STREET ADDRESS 10255 N. Circle Lake Dr.	
2.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	
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 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/19/98** **561-738-1983**

CR2E037 (1097)