


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90128 005 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N21704

1. Corporation Name
PALM CHASE LAKES ASSOCIATION, INC.

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| 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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| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 07/24/1987 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2834981 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent BART, ARTHUR 10465 BREEZY LAKE LANE SUITE 101 BOYNTON BEACH FL 33437 | 10. Name and Address of New Registered Agent 81 Name FRANK GOLDEN 82 Street Address (P.O. Box Number is Not Acceptable) 10032 ANDREA LANE 83 84 City BOYNTON BEACH FL 85 Zip Code 33437 |
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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 *Frank Golden* PRESIDENT FRANK GOLDEN 1-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME BART, ARTHUR | 1.2 NAME P FRANK GOLDEN |
| STREET ADDRESS 10465 BREEZY LAKE LANE | 1.3 STREET ADDRESS 10032 ANDREA LANE | CITY-ST-ZIP BOYNTON BEACH FL 33437 | 1.4 CITY-ST-ZIP BOYNTON BEACH FL 33437 |
| TITLE VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME BLITZER, ELAINE | 2.2 NAME JOEL DLUGASCH |
| STREET ADDRESS 10383 S. CIRCLE LAKE DRIVE | 2.3 STREET ADDRESS 5869 SUNSWEEP LANE | CITY-ST-ZIP BOYNTON BEACH FL 33437 | 2.4 CITY-ST-ZIP BOYNTON BEACH FL 33437 |
| TITLE VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME LAINE, MARVIN | 3.2 NAME EUGENE RUBIN |
| STREET ADDRESS 5815 BROOK BOUND LANE | 3.3 STREET ADDRESS 10259 S CIRCLE LAKE DRIVE | CITY-ST-ZIP BOYNTON BEACH FL 33437 | 3.4 CITY-ST-ZIP BOYNTON BEACH FL 33437 |
| TITLE TD <input type="checkbox"/> DELETE | 4.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME FRANK GOLDEN | 4.2 NAME ARNOLD ABRAMS |
| STREET ADDRESS 10032 ANDREA LN | 4.3 STREET ADDRESS 5794 JARRETT DRIVE | CITY-ST-ZIP BOYNTON BEACH FL 33437 | 4.4 CITY-ST-ZIP BOYNTON BEACH FL 33437 |
| TITLE SD DIRECTOR | 5.1 TITLE D <input type="checkbox"/> DELETE | NAME TAUBE, BARBARA | 5.2 NAME FRED SCHACK |
| STREET ADDRESS 5973 JARRETT DRIVE | 5.3 STREET ADDRESS 10026 ANDREA LANE | CITY-ST-ZIP BOYNTON BEACH FL 33437 | 5.4 CITY-ST-ZIP BOYNTON BEACH FL 33437 |
| TITLE D | 6.1 TITLE D | NAME GLORIA LICHTENBERG | 6.2 NAME FRED SCHACK |
| STREET ADDRESS 10255 N CIRCLE LK DR | 6.3 STREET ADDRESS 10026 ANDREA LANE | CITY-ST-ZIP BOYNTON BCH FL 33437 | 6.4 CITY-ST-ZIP BOYNTON BEACH FL 33437 |

ADDITION
 10473 BREEZY LAKE LANE
 BOYNTON BEACH FL 33437

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Frank Golden* SIGNATURE REQUIRED FRANK GOLDEN 1-6-99 561-738-1983
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)