

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 # N22326 (5)

1. Corporation Name

P.A.L. HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

29 PLANTATION BLVD.
LAKE WORTH FL 33467

Mailing Address

29 PLANTATION BLVD.
LAKE WORTH FL 33467

3. Date Incorporated or Qualified
09/02/1987

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0029302

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRITCHARD, DOROTHY
60 PLANTATION BLVD.
LAKE WORTH FL 33467

81 Name THOMAS H. MERKLE

82 Street Address (P.O. Box Number is Not Acceptable)
29 PLANTATION BLVD.

83

84 City LAKE WORTH

85 Zip Code FL 33467

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 THOMAS H. MERKLE PRES. Thomas H. Merkle.

2/23/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MERKLE, THOMAS
STREET ADDRESS 29 PLANTATION BLVD
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600001728166
-02/29/96--01058--022
AS ***\$1.25 ☐ Change ☐ Addition

TITLE VD
NAME MUSSELWHITE, KAREM
STREET ADDRESS 116 PLANTATION BLVD.
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VD. SAM FIXMAN
117 PLANTATION BLVD.
LAKE WORTH FL. 33467 ☐ Change ☐ Addition

TITLE SD
NAME PRITCHARD, DOROTHY
STREET ADDRESS 60 PLANTATION BLVD.
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SD JUDY McDERMOTT
117 PLANTATION BLVD.
LAKE WORTH FL. 33467 ☐ Change ☐ Addition

TITLE T
NAME SHAFFER, PHYLLIS
STREET ADDRESS 118 PLANTATION BLVD.
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
AS IS ☐ Change ☐ Addition

TITLE D
NAME PARASCANDOLA, SAL
STREET ADDRESS 37 PLANTATION BLVD.
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
D MARVIN KAYE
117 PLANTATION BLVD.
LAKE WORTH FL. 33467 ☐ Change ☐ Addition

TITLE D
NAME MCINERNE, M.J.
STREET ADDRESS 115 PLANTATION BLVD
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D BILL FELTON
114 PLANTATION BLVD
LAKE WORTH FL. ☐ Change ☐ 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: THOMAS MERKLE THOMAS MERKLE

1/23/96 407 96851 62

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)