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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33467-65433. Date Incorporated or Qualified
09/02/19873a. Date of Last Report
02/28/19964. FEI Number
65-0029302Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 114 plantation blvd 114 Plantation Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake Worth Fl 33467

28 Lake Worth Fl. 33467

Zip Country

Zip Country

24 33467

25 U.S.A.

29 33467

30 U.S.A.

9. Name and Address of Current Registered Agent

MERKLE, THOMAS H
29 PLANTATION BLVD.
LAKE WORTH FL 33467

81 Name

WILLIAM J. FELTON

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

114 PLANTATION BLVD

83

LAKE WORTH, FL. 33467

84 City

LAKE WORTH

FL

85 Zip Code

33467

11. Pursuant to the provisions of Sections 617.0503 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 of typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

2-18-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD President	<input checked="" type="checkbox"/> DELETE
NAME	MERKLE, THOMAS	
STREET ADDRESS	29 PLANTATION BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD Vice President	<input checked="" type="checkbox"/> DELETE
NAME	FIXMAN, SAM	
STREET ADDRESS	117 PLANTATION BLVD.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD Secretary	<input checked="" type="checkbox"/> DELETE
NAME	MCDERMOTT, JUDY	
STREET ADDRESS	117 PLANTATION BLVD.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFER, PHYLLIS	
STREET ADDRESS	118 PLANTATION BLVD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D Director	<input checked="" type="checkbox"/> DELETE
NAME	KAYE, MARVIN	
STREET ADDRESS	117 PLANTATION BLVD.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D Director	<input checked="" type="checkbox"/> DELETE
NAME	FELTON, BILL	
STREET ADDRESS	114 PLANTATION BLVD.	
CITY-ST-ZIP	LAKE WORTH FL 33467	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM J. FELTON	
1.3 STREET ADDRESS	114 PLANTATION BLVD.	
1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
2.1 TITLE	VD Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSEANNA KROLL	
2.3 STREET ADDRESS	143 PLANTATION BLVD	
2.4 CITY-ST-ZIP	LAKE WORTH, FLA. 33467	
3.1 TITLE	SD Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SARAH MAXWELL	
3.3 STREET ADDRESS	132 PLANTATION BLVD	
3.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
4.1 TITLE	T Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PHYLLIS SHAFFER	
4.3 STREET ADDRESS	118 PLANTATION BLVD	
4.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
5.1 TITLE	D Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LARRY PROFETA	
5.3 STREET ADDRESS	82 PLANTATION BLVD.	
5.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
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 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 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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044148

CR2E037 (9/96)