

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1998 8:00am  
Secretary of State

|                                                   |                                                                                   |                                                                                                    |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # N22326

1. Corporation Name

P.A.L. Homeowners Association, Inc

Principal Place of Business

Mailing Address

114 Plantation Blvd  
Lake Worth Fl. 33467

114 Plantation Blvd  
Lake Worth Fl. 33467

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

William J. Felton  
114 Plantation Blvd  
Lake Worth Fl. 33467

3. Date Incorporated or Qualified

09/02/1987

4. FEI Number

65-0029302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

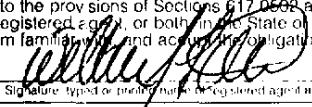
FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0608 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, typed or printed name of registered agent and title if applicable

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

3-12-98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President William J. Felton  
114 Plantation Blvd  
Lake Worth Fl. 33467

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President Fred Wein  
113 Plantation Blvd  
Lake Worth, Fl. 33467

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secretary William A. Braun  
116 Plantation Blvd.  
Lake Worth Fl. 33467

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treasurer Sheri Hinkley  
51 Plantation Blvd  
Lake Worth, Fl. 33467

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director David Belisle  
19 Plantation Blvd  
Lake Worth Fl. 33467

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director Penny A. Enciniera  
44 Plantation Blvd  
Lake Worth Fl. 33467

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

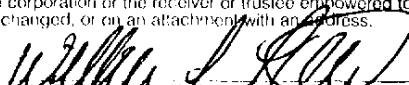
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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 on an attachment with an address.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-98 561-433-2126

Date

Daytime Phone

CR2E037 (10/97)