

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:49

DOCUMENT # **N23656** (4)
1. Corporation Name
PALM BEACH FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
JAMES T. BLACK
898 S.W. 18TH STREET
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1987** 3a. Date of Last Report **02/14/1994**
4. FEI Number **NOT APPLICABLE** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

BLACK, JAMES T.
898 S.W. 18TH STREET
BOCA RATON FL 33486

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BLACK, JAMES	1.2 NAME	
STREET ADDRESS	898 SW 18 STR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	V/D	2.1 TITLE	☐ Change ☒ Addition
NAME	HARTLEY, WILLIAM B	2.2 NAME	ERNST, JOHN
STREET ADDRESS	860 SW 18TH STREET	2.3 STREET ADDRESS	1140 SW 19TH STREET
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	P/D	3.1 TITLE	☒ Change ☐ Addition
NAME	LONDON, JOANN	3.2 NAME	
STREET ADDRESS	1150 SW 19 STR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	S/D	4.1 TITLE	☒ Change ☐ Addition
NAME	BLANZ, MARGE	4.2 NAME	
STREET ADDRESS	1041 SW 17TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	T/D	5.1 TITLE	☐ Change ☐ Addition
NAME	RINGHOF, MARLENE	5.2 NAME	
STREET ADDRESS	1185 SW 18TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	BAMFORD, THOMAS	6.2 NAME	
STREET ADDRESS	1141 SW 15TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	6.4 CITY-ST-ZIP	

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:

Marlene Ringhof **MARLENE RINGHOF**
TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95 **407-393-7668**
Date Chapter 119.07