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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

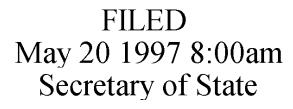
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N23656

(4)

PALM BEACH FARMS HOMEOWNERS ASSOCIATION, INC.



i Meiti							
Principal Place of Business		Mailing Address				111 01011 010 11 01411 01611 01611	II DEDIT FEOT
% THOMAS BAMFORD 1141 8.W. 15TH ST. BOCA RATON FL 33486		% THOMAS BAMFORD 1141 S.W. 15TH ST. BOCA RATON FL 33486-6703					
			,		 Date Incorporated or Qualified 11/30/1987 	3a. Date of Last Re 11/27/199	port 6
Principal Place of Business Total		2a. Mailing Address		4. FEI Number NOT APPLICABLE	 ```	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	∏ \$8.75 A	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 k	\$5.00 May Be Added to Fees	
Zip Country		Zip	Zip Country		This corporation has liability for intangible tax under s. 199.032,		
24	9, Name and Address of Curren	1 Popletered Agent	30				
	A' Hame but wortess of Calley	r meðistaran wiðaur		81 Name	10. Name and Address of New Reg	heraran waaur	
DAMEOR	OD THOMAS						
Bamford, Thomas 1141 S.W. 15th Street				82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	ATON FL 33486			83			
DOOK II	MIGHT E 00100		1				
			1	84 City		FL 85 Zip C	ode
11. Pursuant to office or readent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida, Such change was tions of, Spetion 617.0503, Fl	tes, the all authorize orida Stat	bove-named co d by the corpora tutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its it the appointment as r	registered egistered
SIGNATURE							
	Signature, typed or printed name of registered age			d Agent signature req	uired when reinstating)	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS Change	- 0
TITLE	VD EDNOT JOUN	☐ DETEIE	DELETE 1.1 THE			[] Change	☐ Addition ð
NAME	ERNST, JOHN 12 N 1140 S.W. 19TH ST. 1.3 ST		AME IREET ADDRESS			3	
STREET ADDRESS	BOCA RATON FL						Č
CITY+ST-ZIP TITLE	PD	DELETE	2.1 Ti	TY-ST-ZIP		Change	Addition
NAME	LANDON, JOANN		2.2 N				
STREET ADDRESS	1150 S.W. 19TH ST.		1	IREET ADDRESS			i
CITY-ST-ZIP	BOCA RATON FL		2.40	ITY-S1-ZIP			
TITLE	SD	☐ DELE1E	3.1 TI	TLE		☐ Change	Addition
NAME	BLANZ, MARGE		3.2 _; N	AME			
STREET ADDRESS	1041 S.W. 17TH ST.	•	3.3 S1	IREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			HTY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1[1]			Change	Addition
NAME	BENJAMIN, ROBERT		4.21	I			
STREET ADDRESS	1120 S.W. 15TH ST.			TREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486	DELETE		TY-\$1-2IP		Chanco	Addition
TITLE	PAUCODO TUQUAS	L. J DELLETE	5.1 ¹ 11 5.2 ¹ N	1		LJ Change	☐ Addition
NAME OTDECT ADDRESS	BAMFORD, THOMAS		5.2 N	l l			
STREET ADDRESS	1141 S.W. 15TH ST. BOCA RATON FL 33486		1	IREET ADDRESS			
CITY-ST-ZIP TITLE	DOOK NATURE IL 33400	DELETE	5.4 Ci	TY-ST-ZIP		Change	Addition
NAME	•	Delicit	6.2 N				FROMOT
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
	w sadily that the information a unalice	turish this tiling does not another			nd in Contine 110 07/9/// Floride Chatuter	I fouther east to the title	

. I on pereby 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.

Olicitation in ormation

10 M. QO (AL) NOQUOTO