

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90161 019 ****61.25

DOCUMENT # N23656

1. Corporation Name

PALM BEACH FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% THOMAS BAMFORD
1141 S.W. 15TH ST.
BOCA RATON FL 33486

Mailing Address

% THOMAS BAMFORD
1141 S.W. 15TH ST
BOCA RATON FL 33486



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/30/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

BAMFORD, THOMAS
1141 S.W. 15TH 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME ERNST, JOHN
STREET ADDRESS 1140 S.W. 19TH ST.
CITY-ST-ZIP BOCA RATON FL

TITLE PD ☐ DELETE

NAME LANDON, JOANN
STREET ADDRESS 1150 S.W. 19TH ST.
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME BLANZ, MARGE
STREET ADDRESS 1041 S.W. 17TH ST.
CITY-ST-ZIP BOCA RATON FL

TITLE TD ☐ DELETE

NAME BENJAMIN, ROBERT
STREET ADDRESS 1120 S.W. 15TH ST.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE P ☐ DELETE

NAME BAMFORD, THOMAS
STREET ADDRESS 1141 S.W. 15TH ST.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert L Benjamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 MAR 99

(954) 845-5741
Date Daytime Phone #

CR2E037 (11/98)