

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N25338 (7)**

1. Corporation Name

**PALM LAKE ESTATES TENANTS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

7366 44TH TR.  
 #615  
 RIVIERA BEACH FL 33404  
 US

7366-44TH TR.  
 #615  
 RIVIERA BEACH FL 33404  
 US

3. Date Incorporated or Qualified

03/10/1988

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOCKERT, JAMES  
 7366 44TH TRAIL NO., #615  
 RIVIERA BEACH FL 33404

81 Name JOHN J. ROSE

82 Street Address (P.O. Box Number is Not Acceptable)  
 4451 74th Rd N # 550

84 City RIVIERA BEACH

FL

85 Zip Code 33404

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)

6-9-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
 NAME NICHOLAS, SALLY  
 STREET ADDRESS 7411 40TH TERRACE #397  
 CITY-ST-ZIP RIVIERA BEACH FL 33404  DELETE

TITLE D  
 NAME WASHING, BARBARA  
 STREET ADDRESS 4091 71ST COURT #1759  
 CITY-ST-ZIP RIVIERA BEACH FL 33400  DELETE

TITLE VP  
 NAME WHIPPLE, EDWARD  
 STREET ADDRESS 7466 44TH TERRACE #568  
 CITY-ST-ZIP RIVIERA BEACH FL 33404  DELETE

TITLE S  
 NAME ROSE, ROSE  
 STREET ADDRESS 4451 74TH RD. N. #550  
 CITY-ST-ZIP RIVIERA BEACH FL 33404  DELETE

TITLE D  
 NAME VAN WAGONER, MARY ELLEN  
 STREET ADDRESS 4104 71ST RD. #1161  
 CITY-ST-ZIP RIVIERA BEACH FL  DELETE

TITLE D  
 NAME SCULLY, ROBERT  
 STREET ADDRESS 4212 70TH RD., #1079  
 CITY-ST-ZIP RIVIERA BEACH FL  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
 1.2 NAME Joseph Lanzetta  
 1.3 STREET ADDRESS 7306 43rd way N  
 1.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404  Change  Addition

2.1 TITLE Mrs  
 2.2 NAME Mary Bismore  
 2.3 STREET ADDRESS 4141 74th Rd N #413  
 2.4 CITY-ST-ZIP RIVIERA BEACH FL 33404  Change  Addition

3.1 TITLE D  
 3.2 NAME James Hockert  
 3.3 STREET ADDRESS 7366 44th TR #615  
 3.4 CITY-ST-ZIP RIVIERA BEACH FL 33404  Change  Addition

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

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

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

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-96 561 8635768