

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 21 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4451 74TH RD N
SUITE 550
RIVIERA BEACH FL 33404
US

3. Date Incorporated or Qualified

03/10/1988

4. FEI Number

65-0036544

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, JOHN J
4451 74TH RD N
SUITE 550
RIVIERA BEACH FL 33404

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE
NAME LANZARSTTA, JOSEPH
STREET ADDRESS 7306 43RD WAY N
CITY-ST-ZIP RIVIERA BEACH FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME *President*
1.3 STREET ADDRESS *John J Rose*
1.4 CITY-ST-ZIP *4451 74th Rd N #550*
Riviera Beach FL 33404

TITLE T ☐ DELETE
NAME BISMORE, MARY
STREET ADDRESS 4141 74TH RD N #413
CITY-ST-ZIP RIVIERA BEACH FL

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

TITLE D ☐ DELETE
NAME HOCKERT, JAMES
STREET ADDRESS 7366 44TH TR #615
CITY-ST-ZIP RIVIERA BEACH FL

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

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)