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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40200 (0)

1. Corporation Name
THE NOB HILL PALMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O J&J BUILDING ENT. 1509 SW 99 TERR DAVIE FL 33324 US	Mailing Address A T R MGMT CORP 1509 S UNIVERSITY DR PLANTATIN FL 33324-4018 US
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3. Date Incorporated or Qualified 10/01/1990	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 Y. A.T.R. Mgmt. Corp. Suite, Apt. #, etc. 22 1509 S University Dr. City & State 23 Plantation FL Zip 24 33324	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 Broward
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4. FEI Number 65-0350437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MILLER, JEREL M.
1509 SW 99 TERR
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name Nob Hill Palms, H.O.A.
82 Street Address (P.O. Box Number is Not Acceptable) Y. A.T.R. Management Corp.
83 1509 S. University Dr.
84 City Plantation
85 Zip Code FL 33324

11. Pursuant to the provisions of Sections 617.050 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: *Max Truniger* **Max Truniger, Vice Mgr. CAM** DATE: **3/3/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, JEREL M.
STREET ADDRESS	765 NW 101 TERRACE
CITY-ST-ZIP	PLANTATION FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HOLLOWICKI, RICHARD
STREET ADDRESS	1465 SW 97 WAY
CITY-ST-ZIP	DAVID FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WHITWORTH, SCOTT
STREET ADDRESS	1523 SW 97 LN
CITY-ST-ZIP	DAVID FL
TITLE	TS <input type="checkbox"/> DELETE
NAME	CUMMIS, ADAM
STREET ADDRESS	1524 SW 97 WAY
CITY-ST-ZIP	DAVID FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9830 SW 15 Dr.
1.4 CITY-ST-ZIP	Davie FL 33324
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Richard J. Holwick* **NOB HILLS HOA.** DATE: **2/28/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037172

CR2E037 (9/96)