


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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		Mailing Address	
%A.T.R. MGMT CORP 1509 S UNIVERSITY DR PLANTATION FL 33324 US		A T R MGMT CORP 1509 S UNIVERSITY DR PLANTATIN FL 33325 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified  
**10/01/1990**

4. FEI Number  
**65-0350437**

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

**NOB HILL PALMS, H.O.A  
 %A.T.R. MANAGEMENT CORP  
 1509 S UNIVERSITY DR  
 PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MILLER, JEREL M.	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9830 SW 15 DR	1.2 NAME	VP, D Walker, Thomas
STREET ADDRESS	DAVID FL	1.3 STREET ADDRESS	9821 SW 15 Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DAVID FL 33324
TITLE	PD HOLOWICKI, RICHARD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1465 SW 97 WAY	2.2 NAME	T.S.D Quinn, Donald
STREET ADDRESS	DAVID FL	2.3 STREET ADDRESS	9731 SW 14 Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVID FL 33324
TITLE	VD WHITWORTH, SCOTT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1523 SW 97 LN	3.2 NAME	
STREET ADDRESS	DAVID FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TS CUMMIS, ADAM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1524 SW 97 WAY	4.2 NAME	
STREET ADDRESS	DAVID FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Richard Holowicki* 4/7/98

CR2E037 (10/97)