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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N47433 (0)

1. Corporation Name

PALM BEACH MACINTOSH USER GROUP, INC.



Principal Place of Business

Mailing Address

P. O. BOX 21122  
WEST PALM BEACH FL 33416

P.O. BOX 21122  
WEST PALM BEACH FL 33416-1122  
US

3. Date Incorporated or Qualified  
02/17/1992

3a. Date of Last Report  
02/12/1996

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

25

29

30

4. FEI Number  
65-0319543

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMES, JAMES P  
17101 HAYNIE LANE  
JUPITER FL 33478

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 PD ☐ DELETE

NAME ELLIS, BRUCE A  
STREET ADDRESS 400 NORTHLAKE CT #101  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE VPD ☐ DELETE

NAME GRIMES, JIM  
STREET ADDRESS 17101 HAYNIE LANE  
CITY-ST-ZIP JUPITER FL 33478

TITLE SD ☒ DELETE

NAME SCHWARTZ, ALLEN  
STREET ADDRESS P.O. BOX 2677 N/A  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE TD ☐ DELETE

NAME ELLIS, JOAN T  
STREET ADDRESS 400 NORTHLAKE CT #101  
CITY-ST-ZIP NORTH PALM BEACH FL 33409

TITLE D ☐ DELETE

NAME CASEY, THOMAS J  
STREET ADDRESS 6279-3 RIVERWALK LANE  
CITY-ST-ZIP JUPITER FL 33458

TITLE D ☒ DELETE

NAME HEYNALL, HANS  
STREET ADDRESS 606 SHORE ROAD  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ELLIS, Bruce A  
1.3 STREET ADDRESS 400 Northlake Ct #101  
1.4 CITY-ST-ZIP North Palm Beach FL 33408

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Jim Grimes  
2.3 STREET ADDRESS 17101 Haynie Lane  
2.4 CITY-ST-ZIP Jupiter FL 33478

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Arden Terrault S/D  
3.3 STREET ADDRESS 229 Ridge Road  
3.4 CITY-ST-ZIP Jupiter FL 33477

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Casey, Thomas J  
5.3 STREET ADDRESS 6279-3 Riverwalk Lane  
5.4 CITY-ST-ZIP Jupiter, FL 33458

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 700002117457  
6.3 STREET ADDRESS -03/19/97--01011--011  
6.4 CITY-ST-ZIP \*\*\*61.25

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.

CR2E037 (9/96)