

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10: 03

DOCUMENT # N48123 (6)

1. Corporation Name

PALM BEACH GARDENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 32082
PALM BCH GONS FL 33420
US

PO BOX 32082
PALM BCH GONS FL 33420
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1992

3a. Date of Last Report
05/14/1994

4. FEI Number
65-0321510

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

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

CLARK, DAVID W
1601 FORUM PLACE
12TH FLOOR
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, 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	VP
NAME	LUDWIG, RAY
STREET ADDRESS	11077NUTMEG DR
CITY - ST - ZIP	PALM BCH GONS FL 33418
TITLE	S
NAME	INGLIS, MARY YOAKLEY
STREET ADDRESS	320 RIVERSIDE DR
CITY - ST - ZIP	PALM BCH GONS FL 33410
TITLE	T
NAME	WHELAN, PEGGY
STREET ADDRESS	1303 SILVERLEAF OAK CT.
CITY - ST - ZIP	PALM BCH GONS FL 33410
TITLE	D
NAME	DUNFORD, CRAIG
STREET ADDRESS	624 APPLEONE ST 6023 Wolfe St.
CITY - ST - ZIP	PALM BCH GDS FL 33418
TITLE	D
NAME	FOLTZ, DENNIS
STREET ADDRESS	4270 GARDENIA DR
CITY - ST - ZIP	PALM BCH GDS FL
TITLE	D
NAME	ADAMS, ALAN
STREET ADDRESS	9514 CYPRESS ST.
CITY - ST - ZIP	PALM BCH GDS FL 33410

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D/ B/ 11 Riverside Dr.
4.3 STREET ADDRESS	P.B.G.
4.4 CITY - ST - ZIP	FL - 33410
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D/ Sandy Mast
5.3 STREET ADDRESS	1010 10th CT.
5.4 CITY - ST - ZIP	P.B.G.
	FL - 33410
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 my address.

SIGNATURE:

Margaret C. Whelan
MARGARET C. WHELAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95 (407) 626-7455
Date Daytime Phone