

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000002054 (5)**

1. Corporation Name

PALM TRAIL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

MORRISON & SWANK G.P.A.
777 E. ATLANTIC AVE., SUITE 226
DELRAY BEACH FL 33483**MORRISON & SWANK G.P.A.**
777 E. ATLANTIC AVE., SUITE 226
DELRAY BEACH FL 33483-53523. Date Incorporated or Qualified
05/06/19933a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **C/O S. Swank**26 **C/O S. Swank**

4. FEI Number

65-0411650

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **425 Palm Trail**27 **425 Palm Trail**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Delray Beach FL**28 **Delray Beach FL**6. Election Campaign Financing
Trust Fund Contribution☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33483**25 **Palm Beach**29 **33483**30 **USA**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

TOMPKINS, RANDI S
102 N. SWINTON AVENUE
DELRAY BEACH FL 33444

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 **DP** ☐ DELETENAME **CARPENTER, FRANK N**STREET ADDRESS **333 PALM TRAIL**CITY - ST - ZIP **DELRAY BEACH FL 33483**1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **DV** ☐ DELETENAME **BARRETT, JAMES**STREET ADDRESS **519 PALM TRAIL**CITY - ST - ZIP **DELRAY BEACH FL 33483**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **DT** ☐ DELETENAME **SWANK, STEPHEN R**STREET ADDRESS **425 PALM TRAIL**CITY - ST - ZIP **DELRAY BEACH FL 33483**3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE **DS** ☐ DELETENAME **CASSIDY, CORY**STREET ADDRESS **424 PALM TRAIL**CITY - ST - ZIP **DELRAY BEACH FL 33483**4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 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:

STEPHEN R. SWANK 1/27/97 5612781002

CR2E037 (9/96)