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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002054 (5)**

1. Corporation Name

PALM TRAIL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O S. SWANK
425 PALM TRAIL
DELRAY BEACH FL 33483
US

C/O S SWANK
425 PALM TRAIL
DELRAY BEACH FL 33483
US

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/06/1993

4. FEI Number

65-0411650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

TITLE **DP** ☐ DELETE

NAME **CARPENTER, FRANK N**

STREET ADDRESS **333 PALM TRAIL**

CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **DV** ☐ DELETE

NAME **BARRETT, JAMES**

STREET ADDRESS **519 PALM TRAIL**

CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **DT** ☐ DELETE

NAME **SWANK, STEPHEN R**

STREET ADDRESS **425 PALM TRAIL**

CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **DS** ☒ DELETE

NAME **CASSIDY, CORY**

STREET ADDRESS **424 PALM TRAIL**

CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DV** ☐ Change ☒ Addition

1.2 NAME **Harris, William**

1.3 STREET ADDRESS **331 NE 8th AVE**

1.4 CITY-ST-ZIP **Delray Beach, FL 33483**

2.1 TITLE **DS** ☒ Change ☐ Addition

2.2 NAME **Hillman, Sheri**

2.3 STREET ADDRESS **328 Palm Trail**

2.4 CITY-ST-ZIP **Delray Beach, FL 33483**

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

STEPHEN R. SWANK

5612781002

CR2E037 (10/97)