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FILED

Jun 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N93000005349 (6)

1. Corporation Name

THE PALM BEACH CENTER FOR LIVING, INC.

Principal Place of Business

Mailing Address

321 NORTHLAKE BLVD  
STE 103-105  
N. PALM BEACH FL 33408  
US

321 NORTHLAKE BLVD  
STE 103-105  
N. PALM BEACH FL 33408  
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

11/19/1993

4. FEI Number

65-0451002

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

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

MCGINNIS, CHARLOTTE  
378-1 PRESTWICK CR.  
PALM BEACH GARDENS FL 33418

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 D ☐ DELETE  
NAME BILLS, THOMAS  
STREET ADDRESS 321 NORTHLAKE BLVD.  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME DUMONT, KAREN  
1.3 STREET ADDRESS 3200 N OCEAN DR  
1.4 CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE D ☐ DELETE  
NAME PERCIVAL, MARY  
STREET ADDRESS 102 LAKESHORE DR.  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME DELAUNE, PAUL  
2.3 STREET ADDRESS 1572 QUAIL DR #1  
2.4 CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☒ DELETE  
NAME WEINBERG, MARK DC  
STREET ADDRESS 421 NORTHLAKE BLVD.  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WYNNE, VAL DR.  
STREET ADDRESS 1121 NORTH LAKESIDE DR.  
CITY-ST-ZIP LAKE WORTH FL 33460

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WAYNE, NANCY  
STREET ADDRESS 12775 NEWTON PL  
CITY-ST-ZIP WEST PALM BEACH FL 33414

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 100002546381  
5.3 STREET ADDRESS -06/03/98--01086--009  
5.4 CITY-ST-ZIP \*\*\*\$1.25

TITLE D ☒ DELETE  
NAME CAMACHO, MARILYN  
STREET ADDRESS 44 COCONUT ROW  
CITY-ST-ZIP PALM BEACH FL 33480

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:

*[Signature]*

*[Signature]*

CR2E037 (10/97)