

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

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1. Corporation Name

THE PALM BEACH CENTER FOR LIVING, INC.



1065 Silver Beach Rd Unit 55
Riviera Beach, FL 33403

ing Address

NORTHLAKE BLVD
103-105
PALM BEACH FL 33408

Same



2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22 City & State

23

24 33403 25 U.S.A.



1065 Silver Beach Rd Unit 55
Riviera Beach, FL 33403

Date Incorporated or Qualified

11/19/1993

FEI Number
65-0451002

Applied For
Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME DUMONT, KAREN
STREET ADDRESS 5200 NORTH OCEAN DRIVE
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)