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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005103 (6)**

1. Corporation Name

**PARENTS WITHOUT PARTNERS NORTHERN PALM BEACH CHA  
PTER NO. 1340, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 31875  
WEST PALM BEACH FL 33420

P.O. BOX 31875  
WEST PALM BEACH FL 33420

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

65-0556228

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

DANIELS, BRUCE J  
336 GOLFVIEW RD.  
NORTH PALM BEACH FL 33408

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 PD ☒ DELETE

NAME MINECHELLI, GAYE A  
STREET ADDRESS 1222 CHIPPEWA ST.  
CITY-ST-ZIP JUPITER FL 33458

TITLE TD ☒ DELETE

NAME GWYNN JOHN  
STREET ADDRESS 3858 DAFILEE CIR  
CITY-ST-ZIP WEST PALM BCH FL

TITLE SD ☒ DELETE

NAME JOHNSON, MAVON  
STREET ADDRESS 28 YACHT CLUB DR 102  
CITY-ST-ZIP N PALM BCH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME P/O  
1.3 STREET ADDRESS SCHENKEL, Robert H.  
1.4 CITY-ST-ZIP 28 NORTHAMPTON B  
WEST PALM BEACH, FL. 33417

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VP/D  
2.3 STREET ADDRESS JOYCE ROBIN  
2.4 CITY-ST-ZIP 1051 SIENA OAKS CIRCLE E.  
PALM BEACH GARDENS, FL. 33410

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME T/D  
3.3 STREET ADDRESS KAWALICK, BARRY  
3.4 CITY-ST-ZIP 6 GREENWAY VILLAGE NORTH #209  
ROYAL PALM BEACH, FL. 33411

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:

*Robert H. Schenkel*

3/19/98 561-683-5759

CR2E037 (10/97)