

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N95000002617 (7)

1. Corporation Name

PALM GROVE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

505 N.E. 76TH STREET
MIAMI FL 33138

505 N.E. 76TH STREET
MIAMI FL 33138

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLMAN, MAYNARD J
1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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
NAME MICHEL, ULRICH
STREET ADDRESS 577 N.E. 73RD ST.
CITY-ST-ZIP MIAMI FL 33138 ☒ DELETE

TITLE SD
NAME HALPIN, JUNE
STREET ADDRESS 454 N.E. 76TH STREET
CITY-ST-ZIP MIAMI FL 33138 ☒ DELETE

TITLE TD
NAME ARNOLD, PAUL
STREET ADDRESS 521 N.E. 76TH STREET
CITY-ST-ZIP MIAMI FL 33138 ☒ DELETE

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 PD ☒ Change ☐ Addition
1.2 NAME Earle Loomis
1.3 STREET ADDRESS 7715 N.E. 5th Avenue
1.4 CITY-ST-ZIP Miami, Florida 33138 ☒ Change ☐ Addition

2.1 TITLE SD
2.2 NAME Eileen Bottari
2.3 STREET ADDRESS 505 N.E. 76th Street
2.4 CITY-ST-ZIP Miami, Florida 33138 ☐ Change ☐ Addition

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME June Halpin
3.3 STREET ADDRESS 454 N.E. 76th Street
3.4 CITY-ST-ZIP Miami, Florida 33138

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)