

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 # N95000005162 (1)

1. Corporation Name

CELEBRATE LAKE WORTH INCORPORATED



Principal Place of Business

189 BRADLEY PL.  
PALM BEACH FL 33480

Mailing Address

P.O. BOX 1393  
LAKE WORTH FL 33460

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0678432

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSWELL, DON R  
189 BRADLEY PL.  
PALM BEACH FL 33480

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 ☐ DELETE

NAME  
EHMAN, ERIN  
STREET ADDRESS  
1026 N. PALMWAY  
CITY-ST-ZIP  
LAKE WORTH FL 33460

TITLE ☐ DELETE

NAME  
WEBBER, MARY A  
STREET ADDRESS  
324 N. LAKESIDE  
CITY-ST-ZIP  
LAKE WORTH FL 33460

TITLE ☐ DELETE

NAME  
SEIDEN, LOUISE  
STREET ADDRESS  
308 S. PALMWAY  
CITY-ST-ZIP  
LAKE WORTH FL 33460

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  
EHMAN, ERIN  
1.3 STREET ADDRESS  
128 NORTH LAKESIDE DRIVE  
1.4 CITY-ST-ZIP  
LAKE WORTH FL 33460

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
WEBBER, MARYANNE  
2.3 STREET ADDRESS  
327 NORTH LAKESIDE DR  
2.4 CITY-ST-ZIP  
LAKE WORTH FL 33460

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  
900001899039  
5.3 STREET ADDRESS  
-07/19/96--01009--040  
5.4 CITY-ST-ZIP  
\*\*\*61.25

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)