

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000000439 (7)

1. Corporation Name

ATTORNEYS BAR ASSOCIATION OF PALM BEACH COUNTY I NC.

Principal Place of Business

Mailing Address

222 US HIGHWAY ONE
SUITE 208
TEQUESTA FL 33469

222 US HIGHWAY ONE
SUITE 208
TEQUESTA FL 33469-2779

3. Date Incorporated or Qualified **01/25/1996** 3a. Date of Last Report

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

10. Name and Address of New Registered Agent

KAY, RICHARD B
222 US HIGHWAY ONE
SUITE 208
TEQUESTA FL 33469

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 ☐ DELETE
 NAME **P KAY, RICHARD B**
 STREET ADDRESS **222 US HIGHWAY ONE, SUITE 208**
 CITY-ST-ZIP **TEQUESTA FL 33469**

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME **VP KALEITA, BRUCE G**
 STREET ADDRESS **500 AUSTRALIAN SOUTH, SUITE 600**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME **ST BAKER, THOMAS R III**
 STREET ADDRESS **725 N. HIGHWAY A1A, SUITE E.208**
 CITY-ST-ZIP **JUPITER FL 33477**

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

TITLE ☐ DELETE
 NAME **D DIX, KENNETH M**
 STREET ADDRESS **1388 N.W. 2ND AVENUE, SUITE 4A**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ DELETE
 NAME **D MALLORY, EARL K**
 STREET ADDRESS **P. O. BOX 8858 N/A**
 CITY-ST-ZIP **JUPITER FL 33488**

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME **D TALBOT, SHARON**
 STREET ADDRESS **324 ROYAL PALM WAY, SUITE 206**
 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 do 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.

CR2E037 (9/96)