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Jan 27 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 # **N96000000439 (7)**

1. Corporation Name

**ATTORNEYS BAR ASSOCIATION OF PALM BEACH COUNTY I  
NC.**

Principal Place of Business

222 US HIGHWAY ONE  
SUITE 208  
TEQUESTA FL 33469

Mailing Address

222 US HIGHWAY ONE  
SUITE 208  
TEQUESTA FL 33469

3. Date Incorporated or Qualified

01/25/1996

4. FEI Number

65-0623760

Applied For

Not Applicable

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

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

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

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

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

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

TITLE D ☐ DELETE  
NAME MALLORY, EARL K  
STREET ADDRESS P. O. BOX 8858 N/A  
CITY-ST-ZIP JUPITER FL 33468

TITLE D ☐ DELETE  
NAME TALBOT, SHARON  
STREET ADDRESS 324 ROYAL PALM WAY, SUITE 206  
CITY-ST-ZIP PALM BEACH FL 33480

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.

SIGNATURE:

*Richard B. Kay* President 1/15/98 561-747-8835

CR2E037 (10/97)