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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 10 PM 1:44

DOCUMENT # N96000003146 (5)
1. Corporation Name

WEST PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2839 SOUTH HAVERHILL ROAD
W PALM BEACH

2839 SOUTH HAVERHILL ROAD
W PALM BEACH

3. Date Incorporated or Qualified
06/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10065 Red Run Blvd

26 10065 Red Run Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Owings Mills, MD

28 Owings Mills, MD

Zip

Country

Zip

Country

24 2117

25 USA

29 2117

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CITICORPORATION SYSTEMS
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 PT
NAME DOLLARD, VIRGINIA
STREET ADDRESS % 2839 SOUTH HAVERHILL ROAD
CITY-ST-ZIP W PALM BEACH FL

1.1 TITLE PDCirka, Lawrence
1.2 NAME
1.3 STREET ADDRESS INTEGRATED HEALTH SERVICES, INC.
1.4 CITY-ST-ZIP 10065 RED RUN BLVD.
OWINGS MILLS, MD 21117

TITLE SV
NAME JOHNSON, KAYDA
STREET ADDRESS % 2839 SOUTH HAVERHILL ROAD
CITY-ST-ZIP W PALM BEACH FL

2.1 TITLE Fulchino, Mark
2.2 NAME
2.3 STREET ADDRESS INTEGRATED HEALTH SERVICES, INC.
2.4 CITY-ST-ZIP 10065 RED RUN BLVD.
OWINGS MILLS, MD 21117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Bennett, Bradley
3.2 NAME
3.3 STREET ADDRESS INTEGRATED HEALTH SERVICES, INC.
3.4 CITY-ST-ZIP 10065 RED RUN BLVD.
OWINGS MILLS, MD 21117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Lewin, Marc
4.2 NAME
4.3 STREET ADDRESS INTEGRATED HEALTH SERVICES, INC.
4.4 CITY-ST-ZIP 10065 RED RUN BLVD.
OWINGS MILLS, MD 21117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

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