FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortitem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004639 (8) 1. Corporation Name

BAILLIAGE DE WEST PALM BEACH, INC.

FILED Jul 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				{	
585 MASTERS WAY PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-8491					
FALM DERIOTI CHRIDERO EL 30910 FALM DERIOTI CARDENS EL		. UUM(D-D4)	71	3. Date Incorporated or Qualified	3e Date of Last Panert
				09/03/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.	26		65-0759508	Not Applicable	
22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
LITY & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country	Zip	Count		Trust Fund Contribution	L.J Added to Fees
24 25		30	ıy	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes No
9. Name and Address of Curren		301	-	10. Name and Address of New Re	
		8	1 Name		
LAGRECA, RICHARD		6	2 Steent Arts	Mana (B.O. Boy Number in Net Assessed	lo)
585 MASTERS WAY		6	Sireel Add	dress (P.O. Box Number is Not Acceptab	ie)
PALM BEACH GARDENS FL 33418		В	3		
•		8	4 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.050	2 and 617.1508. Florida Statutes	s, the abo	ve-named cor	rogration submits this statement for the n	urnose of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was au	uthorized I	ov the corpora	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE Signature, typed or printed name of registered age	TIONS TO SERVICE STATE OF THE				
12. OFFICERS ANI		13.	geni signature requ	ured when re-instating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE . D SERETARY	DELETE	1.1 TITLE		1.6511101107011111111111111111111111111111	Change Addition
INAME TRIS LA GRECA		1.2 NAM	E		_
STREET ADDRESS 585 Masters way		1.3 STAE	et address		
CITY-ST-ZIP PRIM BEACH GARDEN		1.4 CITY	-ST-ZIP		
TITLE D GARTH RUSSELL	☐ DELETE	2.1 TITLE			Change Addition
NAME 99 WOODSMUIR CO	17	2.2 NAM	E		
STREET ADDRESS CHY-ST-ZIP TITLE D NAME STREET ADDRESS Palm BEACH GALL Covenity Plan STREET ADDRESS Palm Beach Gall	lens, 764 33418	2.3 STRE 2.4 CITY	ET ADDRESS -ST-ZIP		·
TITLE D Jay Sharbough VIC	DELETE DELETE	3.1 TITLE		,	Change Addition
NAME 101 COVERTY PLA	0 202241	3.2 NAM	E		
STREET ADDRESS Palm Doach Jan	Kana, 45 3 2 70	3.3 STRE	ET ADDRESS		
CITY-ST-ZIP		3.4. CITY			
TITLE	☐ DELETE	4.1 TITLE			Change Addition
NAME etdeet annaece		4. 2 NAM	1		
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY 5.1 TITLE			Change Addition
NAME	—	5.2 NAMI			
STREET ADDRESS			ET ADDRESS		ļ
CITY-ST-ZIP		5.4 CITY			
TITLE	☐ DELETE	6.1 TITLE	-	AND THE RESERVE OF THE PERSON	☐ Change ☐ Addition
NAME:		6.2 NAME	.		1
STREET ADDRESS		6.3 STRE	et address		
City-St-ZIP	6 10 d l 60	6.4 CITY			
14 I do bareby certify that the information cumpling	with this filing does not suclify.	tor the	comption state	d in Contina (40 07/9/6). Finded- Person-	I de cathologia de matéria de materia

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 agricular 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 of 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 chapted, or on an attact ment with an address.