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Feb 09 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 # **N97000005798 (0)**

1. Corporation Name

**PALMETTO BAY STEERING COMMITTEE, INC.**

Principal Place of Business

Mailing Address

**17415 SOUTH DIXIE HIGHWAY  
MIAMI FL 33157-5434**

**17415 SOUTH DIXIE HIGHWAY  
MIAMI FL 33157-5434**



3. Date Incorporated or Qualified

**10/13/1997**

4. FEI Number

**65-0804536**

☒ 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. Zip

Country

29. Zip

Country

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUDOVICI, EDWARD P ESO  
17415 SOUTH DIXIE HIGHWAY  
MIAMI FL 33157-5434**

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	<del>LUDOVICI, EDWARD P</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>17415 SOUTH DIXIE HIGHWAY</del>	
STREET ADDRESS	<del>MIAMI FL 33157-5434</del>	
CITY-ST-ZIP		

1.1 TITLE	<b>D / ASST TRBA.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EDWARD P. LUDOVICI</b>	
1.3 STREET ADDRESS	<b>17415 S. DIXIE HWY</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33157-5434</b>	

TITLE	<b>D 1ST VICE CHAIR</b>	<input type="checkbox"/> DELETE
NAME	<b>PARISER, BRIAN W</b>	
STREET ADDRESS	<b>9130 SOUTH DADELAND BLVD. #1511</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>D 2ND VICE CHAIR</b>	<input type="checkbox"/> DELETE
NAME	<b>FLINN, EUGENE P JR</b>	
STREET ADDRESS	<b>1099 SW LE JEUNE ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<b>D / PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ALLEN TAYLOR</b>	
4.3 STREET ADDRESS	<b>15905 SW 77 CT</b>	
4.4 CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<b>D / TRBA.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>KENNETH H. ROBINSON</b>	
5.3 STREET ADDRESS	<b>15605 SW. 77 CT</b>	
5.4 CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<b>BEVERLY F. LERALD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D / SEC</b>	
6.3 STREET ADDRESS	<b>14271 SW 74 CT</b>	
6.4 CITY-ST-ZIP	<b>MIAMI FL 33158</b>	

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: **Edward P. Ludovici** DIRECTOR 1/6/98 305-235-2161

CR2E037 (10/97)