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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000943

1. Corporation Name

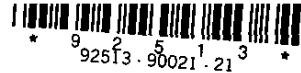
PALM TOWERS/PALM COURT RESIDENT ASSOCIATION, INC

Principal Place of Business

930 NW 95TH ST., A
MIAMI FL 33150

Mailing Address

930 NW 95TH ST., A
MIAMI FL 33150



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

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

FERGUSON, GIL
930 NW 95TH ST., A
MIAMI FL 33150

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

36-4218616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

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

TITLE P. ☐ DELETE

NAME
D FERGUSON, GIL
STREET ADDRESS
930 NW 95TH ST., A
CITY-ST-ZIP
MIAMI FL 33150

TITLE V.P. ☐ DELETE

NAME
D HENDERSON, MABLE
STREET ADDRESS
930 NW 95TH ST., A
CITY-ST-ZIP
MIAMI FL 33150

TITLE Sec. ☐ DELETE

NAME
D WILCHER, AGNES
STREET ADDRESS
930 NW 95TH ST., A
CITY-ST-ZIP
MIAMI FL 33150

TITLE T. ☐ DELETE

NAME
D HALL, JOHNNIE M
STREET ADDRESS
930 NW 95TH ST., A
CITY-ST-ZIP
MIAMI FL 33150

TITLE Corp. ☐ DELETE

NAME
D HIGGINS, BEATRICE
STREET ADDRESS
930 NW 95TH ST., A
CITY-ST-ZIP
MIAMI FL 33150

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)