


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90029 042 \*\*\*\*61.25

0043557

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N98000005894**

1. Corporation Name

**PAUL-MAR PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business 2255 GLADES ROAD SUITE 405-EAST BOCA RATON FL 33431	Mailing Address 2255 GLADES ROAD SUITE 405-EAST BOCA RATON FL 33431
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/15/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	---	---	---

9. Name and Address of Current Registered Agent

**LOCHER, KAREN T**  
**C/O MITCHELL T. MCRAE, P.A.**  
**2255 GLADES ROAD, SUITE 405-EAST**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name Locher, Karen T.	82 Street Address (P.O. Box Number is Not Acceptable) C/O Mitchell T. McRae, P.A.	83 23003 South State Rd. 7	84 City Boca Raton	85 Zip Code FL 33428
-----------------------------	--	-------------------------------	-----------------------	-------------------------

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LOCHER, KAREN T 2255 GLADES ROAD, SUITE 405-EAST BOCA RATON FL 33431 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD LOCHER, KAREN T 23003 S. State Road 7 Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LOCHER, O.G. 2255 GLADES ROAD, SUITE 405-EAST BOCA RATON FL 33431 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVS LOCHER, O.G. 23003 S. State Road 7 Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOREEN, ORRIN R 2255 GLADES ROAD, SUITE 405-EAST BOCA RATON FL 33431 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Name is spelled: THOREEN 23003 S. State Road 7 Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address, with all other like empowered.

**SIGNATURE: Katherine Harris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1999 954-922-9324

Date

Daytime Phone #

CR2E037 (1/198)