

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

04-21-2004 90008 033 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000056503 1. Entity Name THE PLACE AT WEST PALM BEACH, INC.																																																																																																																													
Principal Place of Business 2090 N. CONGRESS AVENUE WEST PALM BEACH FL 33401			Mailing Address 2090 N. CONGRESS AVENUE WEST PALM BEACH FL 33401																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 20 0035856																																																																																																																									
5. Certificate of Status Desired: <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A 301 E. PINE STREET #1400 ORLANDO FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 50%;"> 8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> </div>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STRAWN, STEVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2090 N. CONGRESS AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH FL 33401</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AYERS, JACQUELYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2090 N. CONGRESS AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH FL 33401</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Steve Strawn</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2090 N Congress Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>West Palm Beach, FL 33401</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Jacquelyn Ayers</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO Box 11037</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Murfreesboro, TN 37129</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P, T</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Cathy Davis</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2090 N Congress Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>West Palm Beach, FL 33401</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	STRAWN, STEVE		STREET ADDRESS	2090 N. CONGRESS AVENUE		CITY-ST-ZIP	WEST PALM BEACH FL 33401		TITLE	SD	<input type="checkbox"/> Delete	NAME	AYERS, JACQUELYN		STREET ADDRESS	2090 N. CONGRESS AVENUE		CITY-ST-ZIP	WEST PALM BEACH FL 33401		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Steve Strawn		STREET ADDRESS	2090 N Congress Ave		CITY-ST-ZIP	West Palm Beach, FL 33401		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Jacquelyn Ayers		STREET ADDRESS	PO Box 11037		CITY-ST-ZIP	Murfreesboro, TN 37129		TITLE	P, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Cathy Davis		STREET ADDRESS	2090 N Congress Ave		CITY-ST-ZIP	West Palm Beach, FL 33401		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: <u><i>Cathy Davis</i></u> 561 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div></div> <div> 3/25/04 686-5100 <small>Date Daytime Phone #</small> </div> </div>																																																																																																																													