

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V21695 (4)

1. Corporation Name
CH ORMESA LP, INC.

Principal Place of Business
11760 US HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408
US

Mailing Address
11760 US HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1992

4. FEI Number

65-0324506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

See
Attached

9. Name and Address of Current Registered Agent

LEON, J E
9250 WEST FLAGLER STREET
MIAMI FL 33174

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 607.0502 and 607.1508, 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 607.0505, 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 NAME STREET ADDRESS CITY-ST-ZIP

DP
GELBER, LESLIE J
11760 US HIGHWAY ONE SUITE 600
NORTH PALM BEACH FL 33408

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV
HOFFMAN, KENNETH P
11760 US HIGHWAY ONE SUITE 600
NORTH PALM BEACH FL 33408

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DT
MCGRATH, ROBERT L
11760 US HIGHWAY ONE SUITE 600
NORTH PALM BEACH FL 33408

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
CARPENTER, FRANCES M
11760 US HIGHWAY ONE SUITE 600
NORTH PALM BEACH FL 33408

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE 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

DT
BOYLAN, PETER
11760 US HIGHWAY ONE SUITE 600
NORTH PALM BEACH FL 33408

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

DT
HATHAWAY, SCOT C
11760 US HIGHWAY ONE SUITE 600
NORTH PALM BEACH FL 33408

☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

AS
PONDER, STEPHEN H
11760 US HIGHWAY ONE SUITE 600
NORTH PALM BEACH FL 33408

☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

AS
TANCER, EDWARD F
11760 US HIGHWAY ONE SUITE 600
NORTH PALM BEACH FL 33408

☐ Change ☒ Addition

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

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANCES M CARPENTER, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/98

(561)691-3500

Date

Daytime Phone #

0314142

CR2E034 (10/97)