

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

1995

6-29-95

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:07

DOCUMENT # 709774 (4)

1. Corporation Name  
PALM BAY CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>ONE PALM BAY COURT MIAMI FL 33138</b>	Mailing Address <b>ONE PALM BAY COURT MIAMI FL 33138</b>
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3. Date Incorporated or Qualified <b>10/18/1965</b>	3a. Date of Last Report <b>07/05/1994</b>
4. FEI Number <b>59-1112308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>770 Palm Bay Lane</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>770 Palm Bay Lane</b> Suite, Apt. #, etc.
22 City & State <b>Miami, Fl 33138</b>	27 City & State <b>Miami, Fl 33138</b>
24 Zip <b>33138</b>	25 Country <b>FL</b>
29 Zip <b>33138</b>	30 Country <b>FL</b>

9. Name and Address of Current Registered Agent

**ATLAS, JANET  
PALM BAY CONDOMINIUM, INC.  
ONE PALM BAY COURT, #7A  
MIAMI 33138**

10. Name and Address of New Registered Agent

81 Name <b>Janet Atlas/ Palm Bay Condominium</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>770 Palm Lane - #7A</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33138</b>

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>ATLAS, JANET</b>	STREET ADDRESS <b>X PALM BAY COURT UNIT 7A 770 Palm Bay Lane</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE <b>T</b>	NAME <b>ATLAS, RUSSELL</b>	STREET ADDRESS <b>X PALM BAY COURT 770 Palm Bay Lane</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE <b>SD</b>	NAME <b>CRITCHETT, DAN</b>	STREET ADDRESS <b>X PALM BAY COURT 770 Palm Bay Lane</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE <b>VD</b>	NAME <b>DEWITZ, CURTIS</b>	STREET ADDRESS <b>X PALM BAY COURT UNIT 2E 770 Palm Bay Lane</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE <b>V</b>	NAME <b>GALLAGHER, PHIL</b>	STREET ADDRESS <b>X PALM BAY COURT 770 Palm Bay Lane</b>	CITY-ST-ZIP <b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Atlas Date: 5/8/95