

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00330

Entity Name: P.R.N.I.I.M.A, INC.**Current Principal Place of Business:**600 SEA PINE WAY
CLUBHOUSE
WEST PALM BEACH, FL 33415**Current Mailing Address:**600 SEA PINE WAY
CLUBHOUSE
WEST PALM BEACH, FL 33415**FEI Number:** 59-2355501**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MONCHICK, MICHAEL J.
1501 OLD OKEECHOBEE RD
W PALM BCH, FL 33409 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	LAMPASONE, PAUL
Address	600 SEA PINE WAY CLUBHOUSE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	1VPD
Name	GANGE, CLAUDE
Address	600 SEA PINE WAY CLUBHOUSE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	TREASURER
Name	TILLINGHAST, MARY J
Address	600 SEA PINE WAY CLUBHOUSE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	CORRESPONDING SECRETARY
Name	SCHNEIDER, DOLORES
Address	600 SEA PINE WAY CLUBHOUSE
City-State-Zip:	WEST PALM BEACH FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY J. TILLINGHAST**TREASURER****01/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date