SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 JUN 20 PM 8:05

DOCUMENT # N09876 (6)

1. Corporation Name

PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
C/O VLG OF NORTH PALM BCH 501 US HWY 1 NORTH PALM BCH FL 33408 US	C/O VLG OF NORTH PALM BCH 501 US HWY 1 NORTH PALM BCH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1985
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2552614 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 C/O City of Atlantis	26 c/o City of Atlantis
Suite, Apt. #, etc. 22 260 Orange Tree Drive	Suite, Apt. #, etc. 27 260 Orange Tree Drive
City & State 23 Atlantis, FL	City & State 28 Atlantis, FL
Zip / County 24 33462 / 25 PB	Zip / County 29 33462 / 30 PB

9. Name and Address of Current Registered Agent

NICOLETTI, PAUL J.
317 10TH STREET
W. PALM BEACH FL 33401

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	NELSON, GAIL F.	12 NAME	Kelly, Dennis W.	
STREET ADDRESS	340 OCEAN DR.	13 STREET ADDRESS	501 US Hwy 1	
CITY-ST-ZIP	JUNO BCH. FL	14 CITY-ST-ZIP	N. Palm Beach, FL	
TITLE	VD	21 TITLE	VD	XX Change ☐ Addition
NAME	KELLY, DENNIS W.	22 NAME	Ferris, Ronald M.	
STREET ADDRESS	501 U.S. HIGHWAY 1	23 STREET ADDRESS	500 Greynolds Circle	
CITY-ST-ZIP	N. PALM BCH. FL	24 CITY-ST-ZIP	Lantana, FL	
TITLE	STD	31 TITLE	STD	XX Change ☐ Addition
NAME	FERRIS, RONALD M.	32 NAME	Moore, E. Earl	
STREET ADDRESS	500 GREYNOLDS CIRCLE	33 STREET ADDRESS	260 Orange Tree Drive	
CITY-ST-ZIP	LANTANA FL	34 CITY-ST-ZIP	Atlantis, FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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.

SIGNATURE: E Earl Moore E. Earl Moore June 12, 1995 407/965-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0010020