

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N09876 (6)**

1. Corporation Name

**PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I  
NC.**



Principal Place of Business

Mailing Address

C/O CITY OF ATLANTIS  
260 ORANGE TREE DRIVE  
ATLANTIS FL 33462  
US

C/O CITY OF ATLANTIS  
260 ORANGE TREE DRIVE  
ATLANTIS FL 33462  
US

3. Date Incorporated or Qualified

**06/21/1985**

3a. Date of Last Report

**06/20/1995**

2. Principal Place of Business

2a. Mailing Address

**21 c/o City of Boynton Beach**

**26 c/o City of Boynton Beach**

4. FEI Number

**59-2552614**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 P.O. Box 310**

**27 P.O. Box 310**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 Boynton Beach FL**

**28 Boynton Beach FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24 33425-0310**

**25 USA**

**29 33425-0310**

**30 USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

**Parker, Carrie A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**100 East Boynton Beach Blvd**

83

84 City

**Boynton Beach**

**FL**

85 Zip Code

**33435**

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 **Carrie Parker**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**April 11, 1996**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **KELLY, DENNIS W**  
STREET ADDRESS **501 US HWY 1**  
CITY-ST-ZIP **N PALM BEACH FL**

11 TITLE **PD** ☒ Change ☐ Addition  
12 NAME **Ferris, Ronald M**  
13 STREET ADDRESS **500 Greynolds Circle**  
14 CITY-ST-ZIP **Lantana, FL 33462**

TITLE **VD** ☐ DELETE  
NAME **FERRIS, RONALD M**  
STREET ADDRESS **500 GREYNOLDS CIRCLE**  
CITY-ST-ZIP **LANTANA FL**

21 TITLE **STD** ☒ Change ☐ Addition  
22 NAME **Moore, E.E.**  
23 STREET ADDRESS **260 Orange Tree Drive**  
24 CITY-ST-ZIP **Atlantis, FL 33462**

TITLE **STD** ☐ DELETE  
NAME **MOORE, E. E**  
STREET ADDRESS **260 ORANGE TREE DRIVE**  
CITY-ST-ZIP **ATLANTIS FL**

31 TITLE **STD** ☐ Change ☒ Addition  
32 NAME **Parker, Carrie A.**  
33 STREET ADDRESS **100 East Boynton Beach Blvd**  
34 CITY-ST-ZIP **Boynton Beach, FL 33435**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carrie Parker**

Date

**407-375-6010**

Daytime Phone #

CR2E037 (12/95)