## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

C/O CITY OF BOYNTON BEACH



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09876

(6)

C/O CITY OF BOYNTON BEACH

Mailing Address

PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I

BOYNTON BEACUS	CH FL 33425-0310	BOYNTON BEACH FL 33425-0310 US			3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1985 04/15/1996
	ace of Business own of Highland Be	2a. Mailing Address	of	Highla	4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				Beac	
223614 S	. Ocean Blvd.	27 3614 S. Oc	3614 S. Ocean Blvd.		Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
	and Beach, FL	28 Highland			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	•	8. This corporation has liability for intangible tax under s. 199.032,
24 <u>33487</u>	25 USA	29 33487	30 U	SA	Florida Statutes Yes No
	9. Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New Registered Agent
M				MARY ANN MARIANO	
PARKER, CARRIE A. 82 Street Adds				Address (P.O. Box Number is Not Acceptable)	
				3614 S. Ocean Blvd.	
BOYNTO	N BEACH FL 33435			33	
			<u>}</u>	84 City	85 Zip Code
		1017.1500.51			Highland Beach FL 33487
11. Pursuant t office or re	o the provisions of Sections 617.0502 egistered agent, or both, in the State o	and 617.1508, Florida Statu f Florida. Such change was	tes, the ab authorized	ove-named c by the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent Lar	m familiar with, and accept the obligati	ions of, Section 617 0503, Fi	orida/Statu	nes //	7 . •
SIGNATURE _	MARY ANN MARIANO	Mary	41		a required when reinstating)  1/14/97  DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature re	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DINECTORS DELETE	1.1 (0.	F T	PD
NAME	FERRIS, RONALD M.	and page 16	1.2 NA		HILL, CARRIE
STREET ADDRESS	500 GREYNOLDS CIRCLE			REET ADDRESS	21 Country Road
	LANTANA FL			Y-ST-ZIP	Golf, FL 33436
CITY-ST-ZIP TITLE	STD	DELETE	2.1 TIT		STD Change Addition
NAME	MOORE, E.E.	Qq beerie	2.2 NA		LIBERMAN, STUART
STREET ADDRESS	260 ORANGE TREE DRIVE		1	REET ADDRESS	1701 Barbados Road
CITY-S1-7IP	ATLANTIS FL			TY-ST-ZIP	
TITLE	STD	<b>₩</b> DELETE	3.1 TIT	<del></del>	West Palm Beach, FL 33406   STD
NAME	PARKER, CARRIE A.	المراجع المراجع	32 NA		MARIANO, MARY ANN
STREET ADDRESS	100 EAST BOYNTON BEACH B	BLVD.		REET ADDRESS	3614 S. Ocean Blvd.
CITY-ST-ZIP	BOYNTON BEACH FL			IY-ST-ZIP	Highland Beach, FL 33487
TITLE	5011110111111	☐ DELETE	41 101		Change Addition
NAME		<del></del>	4. 2 N		
STREET ADDRESS				REET ADDRESS	
CITY - ST - ZIP				Y-ST-ZIP	
TITLE		DELETE	5.1 TII		Change Addition
NAME			5.2 NA	ME	
STREET ADDRESS				REET ADORESS	
CiTY-ST-ZiP				Y-\$T- <b>2</b> IP	
TITLE		☐ DEL <b>É</b> TE	6.1 TiT	<del></del>	Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS			6.3 ST	REET ADDRESS	1
: '					1

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or papel 13 if changed, or bright an address.

Mary Ann Mariano 1/14/97

(561) 278-4548 Daytime Phone # 0041648