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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
TOWN OF HIGHLAND BEACCH 3614 S OCEAN BLVD HIGHLAND BCCH FL 33487 US	TOWN OF HIGHLAND BEACH 3614 S OCEAN BLVD HIGHLAND BCH FL 33487 US

3. Date Incorporated or Qualified: 06/21/1985

4. FEI Number: 59-2552614 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Town of Lantana	26 Town of Lantana
Suite, Apt. #, etc. 22 500 Greynolds Circle	Suite, Apt. #, etc. 27 500 Greynolds Circle
City & State 23 Lantana, Florida	City & State 28 Lantana, Florida
Zip 24 33462 Country 25 USA	Zip 29 33462 Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARIANO, MARY ANN
3614 S OCEAN BLVD
HIGHLAND BCH FL 33487

10. Name and Address of New Registered Agent

81 Name: Stacy A. Schweinsberg
82 Street Address (P.O. Box Number is Not Acceptable): 500 Greynolds Circle
83
84 City: Lantana FL 85 Zip Code: 33462

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: Stacy A. Schweinsberg 1/9/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HILL, CCARRIE		1.2 NAME	Lieberman, Stuart	
STREET ADDRESS	21 COUNTRY RD		1.3 STREET ADDRESS	1701 Barbados Road	
CITY-ST-ZIP	GOLF FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	STD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LIEBERMAN, STUART		2.2 NAME	Mariano, Mary Ann	
STREET ADDRESS	1701 BARBADOS RD		2.3 STREET ADDRESS	3614 S. Ocean Boulevard	
CITY-ST-ZIP	WPB FL		2.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME	MARIANO, MARY ANN		3.2 NAME	Schweinsberg, Stacy A.	
STREET ADDRESS	3614 S OCEAN BLVD		3.3 STREET ADDRESS	500 Greynolds Circle	
CITY-ST-ZIP	HIGHLAND BCH FL		3.4 CITY-ST-ZIP	Lantana, FL 33462	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stacy A. Schweinsberg 1/9/98 (561) 582-9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE