

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:01

DOCUMENT # **749233** (3)

1. Corporation Name

**PALMETTO POINT ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
PO BOX 8502 PO BOX 8502  
FT. MYERS FL 33908 FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/08/1979** 3a. Date of Last Report **03/01/1994**  
4. FEI Number **59-1981012** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCHALE, GERARD A., JR.**  
**8191 COLLEGE PKWY.**  
**STE. 302**  
**FT. MYERS FL 33919**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME SCHIPPEREIT, MARY  
STREET ADDRESS 6798 GRIFFIN BLVD.  
CITY-ST-ZIP FT MYERS, FL 00000  
~~S0  
NAME SIMS, WILLIAM  
STREET ADDRESS 4805 LAUREL LANE  
CITY-ST-ZIP FT MYERS, FL 00000~~  
TITLE TD  
NAME CRANE, MORTON J.  
STREET ADDRESS 4864 LAUREL LANE  
CITY-ST-ZIP FT MYERS, FL 00000  
TITLE VPD  
NAME SHARKEY, JACQUELINE  
STREET ADDRESS 6400 GRIFFEN BLVD.  
CITY-ST-ZIP FT MYERS, FL 00000  
TITLE D  
NAME WILLS, ANN  
STREET ADDRESS 4810 LAUREL LANE  
CITY-ST-ZIP FT MYERS, FL 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE **SD**  Change  Addition  
2.2 NAME **JUNE DEIBCOLL**  
2.3 STREET ADDRESS **6758 DANAH COURT**  
2.4 CITY-ST-ZIP **FT. MYERS, FL 33908**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE **D**  Change  Addition  
5.2 NAME **ED FAULKNER**  
5.3 STREET ADDRESS **4849 SHERRY LANE**  
5.4 CITY-ST-ZIP **FT. MYERS, FL 33908**  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(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: *Morton J. Crane* (**MORTON J. CRANE**), **TREASURER** 4/22/95 813-489-0222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #