

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751528 (1)
 1. Corporation Name
PALM AIRE HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 391 TALLEVAST FL 34270
 Mailing Address: P.O. BOX 391 TALLEVAST FL 34270

3. Date Incorporated or Qualified: **03/12/1980**
 3a. Date of Last Report: **02/06/1995**
 4. FEI Number: **59-2223334**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **O'LEARY, TIMOTHY J, 4831 W COUNTRY CLUB DR, SARASOTA FL 34243**
 10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD NAME: O'LEARY, TIMOTHY J. STREET ADDRESS: 4831 W COUNTRY CLUB DR. CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	1.1 TITLE: V.P. 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: LACEY, WILLIAM STREET ADDRESS: 5108 INVERNESS CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	2.1 TITLE: T 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: TOOMBS, WILLIAM STREET ADDRESS: 7917 ESTATES DRIVE CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: HERBERT QUINN 3.3 STREET ADDRESS: 5113 ESTATES CIRCH 3.4 CITY-ST-ZIP: SARASOTA, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FAYE, ROBERT J STREET ADDRESS: 7906 CYPRESS LAKE DR CITY-ST-ZIP: SARASOTA, FL 00000	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: Thomas Tucker 4.3 STREET ADDRESS: 5120 Estates Dr 4.4 CITY-ST-ZIP: Sarasota FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MECKLENBURG, HELEN STREET ADDRESS: 8057 ESTATES DRIVE CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: Raymond Roaks 5.3 STREET ADDRESS: 7924 Estates Dr 5.4 CITY-ST-ZIP: Sarasota, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: VAN NORT, JOHN STREET ADDRESS: 4908 W COUNTRY CLUB DR CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **7-1-96** DAYTIME PHONE #: **941-923-7005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)