

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **759667** (9)

1. Corporation Name

THE PALMS-WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2325 W. PENSACOLA STREET
TALLAHASSEE FL 32304

2325 W. PENSACOLA STREET
TALLAHASSEE FL 32304



3. Date Incorporated or Qualified
08/18/1981

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **SAME AS ABOVE**

26 **JAMIE**

4. FEI Number
59-2295176

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

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

PALMS WEST CONDO ASSN
2325 W. PENSACOLA ST.
TALLAHASSEE FL 32304

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 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

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
NAME **DURRAN, KEITH**
STREET ADDRESS **1050 ROLLING RIVER DR.**
CITY-ST-ZIP **LILBURN GA**

1.1 TITLE Change Addition

TITLE **STD** DELETE
NAME **BAKER, CHARLES E.**
STREET ADDRESS **5223 OUTWOOD MILL LANE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.2 NAME **PD Tom Lightsey**

1.3 STREET ADDRESS **57 St. Marks Rise Rd.**

1.4 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **VD** DELETE
NAME **BARBER, GENE**
STREET ADDRESS **6405 TANACREST CT**
CITY-ST-ZIP **ATLANTA GA**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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: **Tommy A. Lightsey** **Tommy A. Lightsey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 **904-421-1747**

Date

Day/Time Phone #

CR2E037 (12/95)