

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 768258 (6)
1. Corporation Name
THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
121 ALISA DR SEBASTIAN FL 32958 US
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3. Date Incorporated or Qualified: 05/03/1983
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-2350690
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country
9. Name and Address of Current Registered Agent

THIELE, MARTIN
121 ALISA DR SEBASTIAN FL 32958

10. Name and Address of New Registered Agent
1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
121 ALISA DR
3.
4. City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab... 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] (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	BOARD MEMBER
NAME	RAMSEY, BILL	11 NAME	
STREET ADDRESS	141 EDWARD DRIVE	12 NAME	
CITY-ST-ZIP	SEBASTIAN FL	13 STREET ADDRESS	
TITLE	S	14 CITY-ST-ZIP	
NAME	THIELE, MARTIN	21 NAME	SECRETARY
STREET ADDRESS	121 ALISA DR 121	22 NAME	
CITY-ST-ZIP	SEBASTIAN FL	23 STREET ADDRESS	121 ALISA DR
TITLE	P	24 CITY-ST-ZIP	
NAME	COMPTON, ART	31 NAME	CHAIRMAN
STREET ADDRESS	163 RICHARD ST	32 NAME	
CITY-ST-ZIP	SEBASTIAN FL	33 STREET ADDRESS	
TITLE	D	34 CITY-ST-ZIP	
NAME	WINTER, PETE	41 NAME	
STREET ADDRESS	66 PHYLLIS DR.	42 NAME	
CITY-ST-ZIP	SEBASTIAN FL	43 STREET ADDRESS	
TITLE	D	44 CITY-ST-ZIP	
NAME	BAUMGARTNER, STEVE	51 NAME	BOARD MEMBER
STREET ADDRESS	40 ALISA DR	52 NAME	
CITY-ST-ZIP	SEBASTIAN FL	53 STREET ADDRESS	
TITLE	T	54 CITY-ST-ZIP	
NAME	MASSIE, BERNARD	61 NAME	TREASURER
STREET ADDRESS	166 RICHARD STREET	62 NAME	
CITY-ST-ZIP	SEBASTIAN FL	63 STREET ADDRESS	
		64 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: *Bernard Massie* *Martin E Thiele* JAN 24 1996 407-589 6849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNARD MASSIE MARTIN E. THIELE
Date Daytime Phone #

CR2E037 (12/95)