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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
166 Richard St
~~121 ALISA DR~~
SEBASTIAN FL 32958
US

Mailing Address
~~121 ALISA DR~~ 166 Richard St
SEBASTIAN FL 32958-5804
US

3. Date Incorporated or Qualified: 05/03/1983
3a. Date of Last Report: 01/29/1996

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

4. FEI Number: 59-2350690 ☐ 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

9. Name and Address of Current Registered Agent

~~THIELE, MARTIN~~ BE MASSIE TREASURER
~~121 ALISA DR~~ 166 Richard St
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name: BE MASSIE
82 Street Address (P.O. Box Number is Not Acceptable): 166 Richard St
83
84 City: SEBASTIAN FL 85 Zip Code: 32958

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: BE Massie DATE: JAN 28 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D WALTER PETERSON	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	~~RAMSEY, BILL~~		1.2 NAME	Bob WATKINS	
STREET ADDRESS	~~141 EDWARD DRIVE~~ 31 ALISA, DR	388 2774	1.3 STREET ADDRESS	118 JIMMY St	388 5025
CITY-ST-ZIP	~~SEBASTIAN FL~~ Sebastian FLA 32958		1.4 CITY-ST-ZIP	SEBASTIAN FLA 32958	
TITLE	S	☑ DELETE	2.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	~~THIELE, MARTIN~~ KEN FLICKINGER		2.2 NAME	JAMES CLEARY	
STREET ADDRESS	~~121 ALISA DR~~ 135 SUE AVE		2.3 STREET ADDRESS	187 PHILLIS DR	589 3729
CITY-ST-ZIP	SEBASTIAN FL	589 7045	2.4 CITY-ST-ZIP	SEBASTIAN FLA 32958	
TITLE	C	☐ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	COMPTON, ART		3.2 NAME	Charles A Compton	
STREET ADDRESS	163 RICHARD ST		3.3 STREET ADDRESS	163 Richard St	388 2758
CITY-ST-ZIP	SEBASTIAN FL		3.4 CITY-ST-ZIP	SEBASTIAN FLA 32958	
TITLE	~~D~~ V P	☐ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	WINTER, PETE		4.2 NAME	OLIVER "PETE" WINTER	
STREET ADDRESS	66 PHYLLIS DR.		4.3 STREET ADDRESS	66 PHILLIS, DR	388 1981,
CITY-ST-ZIP	SEBASTIAN FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	~~BAUMGARTNER, STEVE~~ DEAN ~~KITHCART~~		5.2 NAME	JERRY BURGYANSKI	
STREET ADDRESS	~~40 ALISA DR~~ DEAN KITHCART		5.3 STREET ADDRESS	163 PHILLIS DR	388-3280
CITY-ST-ZIP	SEBASTIAN FL 195 MEANIE Circle 589 6457		5.4 CITY-ST-ZIP	SEBASTIAN FLA 32958	
TITLE	TREASURER	☐ DELETE	6.1 TITLE	~~TREASURER~~	☐ Change ☐ Addition
NAME	MASSIE, BERNARD		6.2 NAME	BERNARD MASSIE	
STREET ADDRESS	166 RICHARD STREET		6.3 STREET ADDRESS	166 Richard St (561)	589 6849
CITY-ST-ZIP	SEBASTIAN FL		6.4 CITY-ST-ZIP	SEBASTIAN FLA 32958	

CR2E037 (9/96)

14. I do 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: BE Massie TREASURER BE Massie BE MASSIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0020361

check #61.25