FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 768258

THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
166 RICHARD ST. SEBASTIAN FL 32958
US

Mailing Address

166 RICHARD ST. SEBASTIAN FL 32958

FILED Mar 04, 1999 8:00 am Secretary of State

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-		BLB11	ı

2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21 203 M	leanie Circle E	26 203 Meanie	<u>Circl</u>	Le_E_	05/03/1983		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	 	olied For
22		27			59-2350690		Applicable
City & State		City & State	ra r		5. Certificate of Status Desired	\$8.75 A	1
23 Sebas	tian, FL	28 Sebastian,				Fee Rec	 {
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	
24 3295		29 32958 3	US/	<u>a</u>	Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	a Agent	
			81		nie Lucier	*	
MASSIE, B	E		82	Street A	ddress (P.Q. Box Number is Not Acceptable)	-	
166 RICHA			[_]	203	Meanie Circle E		
	N FL 32958		83		-		i
0_0,0,0,0			84	City		. 85 Zip C	ode
				Seba		L 329	58
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	, the above	-named c	corporation submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Fiorida. Such change was autr	ionzeu by	the corpor	ration's board of directors. I hereby accept the app	ountment as reg	usierea
	۸ / حسر	1	500		10 Lucie 2-17	7-99	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agen	it signature rec	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
TITLE	D	Ø DELETE	1.1 TITLE		T	Change	A Addition
NAME	PETERSON, WALTER		1.2 NAME		Lucier, Bernie		
STREET ADDRESS	91 AUSA DR		1.3 STREET	ADDRESS	203 Meanie Circle E		
C(TY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY - S1	T-ZIP	Sebastian, FL		•
TITLE	S	⊠ DELETE	2.1 TITLE		D	☐ Change	X Addition
NAME	LINDER, DENISE		2.2 NAME	1	Smits, Chuck		• '
STREET ADDRESS	19 ISABELLE AVE		2.3 STREET	ADORESS	150 Phyllis Dr.		
CITY-ST-ZIP	SEBASTIAN FL 32958		2, 4 CITY-S		Sebastian, FL		
TITLE	C	☐ DELETE	3.1 TITLE		P	Change Ch	☐ Addition
NAME	CLEARY, JIM		3.2 NAME	Į	Cleary, Jim		
STREET ADDRESS	187 PHYLLIS DR		3.3 STREET	TADDRESS	187 Phyllis Dr.		j
	SEBASTIAN FL		3.4. CITY-S		Sebastian, FL		
CITY-ST-ZIP TITLE	VP		4.1 TITLE		VP T	Change	Addition
NAME	BURZYNSKY, JERRY	- -	4. 2 NAME	ſ	Flickinger, Ken		-
	163 PHYLLIS DR		4.3 STREET		135 Sue Ave.		
STREET ADDRESS	SEBASTIAN FL		4.4 CITY-S		Sebastian, FL		ļ
CITY-ST-ZIP	·	X DELETE	5.1 TITLE	1-24	Jones, Shirley	Change	Addition
TITLE	NATIFICADE DEVI	Z === === == === == == == == == == == ==	5.2 NAME	ì	ones, onities	35	. 45
NAME	KITHCART, DEAN		5.3 STREET	TADORESS	45 Alisa Dr.		ļ
STREET ADDRESS	196 MEANIE CIR W		5.4 CITY-S		Sebastian, FL		}
CITY-ST-ZIP	SEBASTIAN FL	□ nei ete	6.1 TITLE		D	∠ Change	Addition
TITLE	MACOUE DEDNADO	☐ DELETE	6.2 NAME	}	Maerten, Bob		1
NAME	MASSIE, BERNARD			1	•		*
STREET ADDRESS	166 RICHARD STREET		0.3 STREE	I VODKESS	95 Mark Allen Dr.		

14. I 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 of the state 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, with all other like empowered.

SIGNATURE: