


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morthain</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770564 (3)**

1. Corporation Name

**GARDENS AT PALM-AIRE COUNTRY CLUB ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8416 GARDENS CIRCLE  
SARASOTA FL 34243-3001  
US**

**8416 GARDENS CIRCLE  
SARASOTA FL 34243-3002  
US**



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	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>10/04/1983</b>	<b>03/13/1996</b>
4. FEI Number	Applied For
<b>59-2432045</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURLESS, JERRY  
630 SOUTH ORANGE AVENUE  
SUITE 302  
SARASOTA FL 34236**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, GALE</b>	1.2 NAME	<b>Ken Everson</b>
STREET ADDRESS	<b>5689 GARENS DRIVE</b>	1.3 STREET ADDRESS	<b>5765 Gardens Dr.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVERSON, KENNETH</b>	2.2 NAME	<b>MARIE BEAMISH</b>
STREET ADDRESS	<b>5755 GARDENS DRIVE</b>	2.3 STREET ADDRESS	<b>5671 Gardens Dr.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARLOVICH, ANNA</b>	3.2 NAME	<b>Patricia Walter</b>
STREET ADDRESS	<b>8417 GARDENS CIRCLE</b>	3.3 STREET ADDRESS	<b>5731 Gardens Dr.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNAROKI, DIANNE</b>	4.2 NAME	<b>Amy Kaylor</b>
STREET ADDRESS	<b>5673 GARDENS DRIVE</b>	4.3 STREET ADDRESS	<b>8423 Gardens Cir</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WLATER, PATRICIA</b>	5.2 NAME	<b>Richard Batson</b>
STREET ADDRESS	<b>5731 GARDEN DRIVE</b>	5.3 STREET ADDRESS	<b>5673 Gardens Dr.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)