

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H52657 (4)**  
1. Corporation Name  
**PALM VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: C/O RALPH GIERHART, 3528 14TH ST. W. LOT G-9, BRADENTON FL 34205  
Mailing Address: C/O RALPH GIERHART, 3528 14TH ST. W. LOT G-9, BRADENTON FL 34205

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/17/1985  
3a. Date of Last Report: 04/14/1995  
4. FEI Number: 59-2646202  
5. Certificate of Status Desired:  Pro, \$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  
THOMAS, KATHRYN C.  
3528 14TH ST. W. LOT C16  
BRADENTON FL 34205

10. Name and Address of New Registered Agent (81-85)  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GIERHART, RALPH	1. TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3528 14TH ST. W. LOT G9	CITY- ST- ZIP: BRADENTON FL	12. NAME: DONALD - BLACK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: BENE, W.C.	13. STREET ADDRESS: 3528-14TH ST. W. LOT-E-14	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP: BRADENTON FL	TITLE: SD	14. CITY- ST- ZIP: BRADENTON, FL 34205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THOMAS, KATHRYN C.	STREET ADDRESS: 3528 14TH ST. W. LOT C16	2. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP: BRADENTON FL	CITY- ST- ZIP: BRADENTON FL	22. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: BLOOM, RON	4. OFFICE ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3528 14TH ST W LOT B7	CITY- ST- ZIP: BRADENTON FL	24. CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP: BRADENTON FL	TITLE: _____	3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	32. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	STREET ADDRESS: _____	33. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP: _____	CITY- ST- ZIP: _____	34. CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	4.1. TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: _____	STREET ADDRESS: _____	4.2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP: _____	CITY- ST- ZIP: _____	4.3. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	4.4. CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	STREET ADDRESS: _____	5.1. TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY- ST- ZIP: _____	CITY- ST- ZIP: _____	5.2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	5.3. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	STREET ADDRESS: _____	5.4. CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP: _____	CITY- ST- ZIP: _____	6.1. TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____	NAME: _____	6.2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	STREET ADDRESS: _____	6.3. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP: _____	CITY- ST- ZIP: _____	6.4. CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten entries in Block 13:  
 PD. DONALD - BLACK  
 3528-14TH ST. W. LOT-E-14  
 BRADENTON, FL 34205  
 W. BENE - F. KUBIAK  
 3528-14TH ST. W. J-6  
 BRADENTON FL 34205  
 RALPH-GIERHART  
 3528 14TH ST. W. LOT-G9  
 BRADENTON, FL 34205  
 D. BARBARA MORTON  
 3528 14TH ST. W. A-12  
 BRADENTON, FL 34205

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph Gierhart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 941-747-7026

CR2E034 (12/95)