

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N01580 (2)**  
1. Corporation Name  
**WOODS OF PALMA SOLA HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**7410 SECOND AVENUE NW P. O. BOX 14062 BRADENTON FL 34280-1062**

3. Date Incorporated or Qualified **02/21/1984** 3a. Date of Last Report **06/29/1995**  
4. FEI Number **59-2477191** 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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**REYNOLDS, KENNETH R.  
310 73RD STREET, N.W.  
BRADENTON FL 34209**

81 Name **LORETTA JAMES**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**305 - 73RD ST. N.W.**  
83 **BRADENTON, FL 34209**  
84 City **FL** 85 Zip Code

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 *Loretta J. James* **LORETTA J. JAMES / TREASURER** 6/3/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REYNOLDS, KENNETH ROGER</b>	
STREET ADDRESS	<b>310 73RD ST NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES, LORETTA</b>	
STREET ADDRESS	<b>305 73RD ST NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NOVAK, LARRY</b>	
STREET ADDRESS	<b>301 73RD ST NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>SECRETARY / D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TYSON, SALLY</b>	
1.3 STREET ADDRESS	<b>213 73RD ST. N.W.</b>	
1.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	
2.1 TITLE	<b>TREASURER / D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JAMES, LORETTA</b>	
2.3 STREET ADDRESS	<b>305 - 73RD ST. NW</b>	
2.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DUVALL, ELBERT</b>	
3.3 STREET ADDRESS	<b>314 73RD ST. N.W.</b>	
3.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>700001865527</b>	
5.3 STREET ADDRESS	<b>-06/18/96--01118--004</b>	
5.4 CITY-ST-ZIP	<b>***70.00</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Loretta James* **LORETTA JAMES** 4/29/96 795-2773  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
5/1/96 755-2611

CR2E037 (12/95)