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Apr 04 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 # N01580 (2)
1. Corporation Name
WOODS OF PALMA SOLA HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business Mailing Address
7410 SECOND AVENUE NW 7410 SECOND AVENUE NW
P. O. BOX 14062 P. O. BOX 14062
BRADENTON FL 34280-1062 BRADENTON FL 34280-4062

3. Date Incorporated or Qualified 02/21/1984 3a. Date of Last Report 05/01/1996
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 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, LORETTA
305 73RD ST. NW
BRADENTON FL 34209

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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	S/D <input type="checkbox"/> DELETE
NAME	TYSON, SALLY
STREET ADDRESS	213 73RD ST. NW
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	T/D <input type="checkbox"/> DELETE
NAME	JAMES, LORETTA
STREET ADDRESS	305 73RD ST NW
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	D <input type="checkbox"/> DELETE
NAME	DUVALL, ELBERT
STREET ADDRESS	314 73RD ST. NW
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	President <input type="checkbox"/> DELETE Addition
NAME	Robert Kiniry
STREET ADDRESS	7413 2ND AVE, N.W.
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	Vice President <input type="checkbox"/> DELETE Addition
NAME	Kenneth Young
STREET ADDRESS	7409 2ND AVE, N.W.
CITY-ST-ZIP	Bradenton, FL 34209
TITLE	Director <input type="checkbox"/> DELETE Addition
NAME	Natalie Torres
STREET ADDRESS	213 74TH ST. N.W.
CITY-ST-ZIP	Bradenton, FL 34209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Warner Thurm
1.3 STREET ADDRESS	322 73RD ST. N.W.
1.4 CITY-ST-ZIP	Bradenton, FL 34209
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Margo Boudeman
2.3 STREET ADDRESS	402 73RD ST. N.W.
2.4 CITY-ST-ZIP	Bradenton, FL 34209
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bob Glette
3.3 STREET ADDRESS	410 73RD ST. N.W.
3.4 CITY-ST-ZIP	Bradenton, FL 34209
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sorry -- I obviously
4.3 STREET ADDRESS	filled other side out
4.4 CITY-ST-ZIP	before reading directions!
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Loretta James *(Signature)* 9/31/97 (941) 995-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064229

CP2E037 (9/96)