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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01580 (2)

1. Corporation Name
WOODS OF PALMA SOLA HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business 7410 SECOND AVENUE NW P. O. BOX 14062 BRADENTON FL 34280-1062	Mailing Address 7410 SECOND AVENUE NW P. O. BOX 14062 BRADENTON FL 34280-1062
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3. Date Incorporated or Qualified 02/21/1984	
4. FEI Number 59-2477191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 305 - 73rd St. N.W.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S/D	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	DUVALL, ELBERT	
STREET ADDRESS	314 73RD ST. NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT KINRY	
STREET ADDRESS	7413 2ND AVE. N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KENNETH YOUNG	
STREET ADDRESS	7409 2ND AVE. N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NATALIE TORRES	
STREET ADDRESS	213 74TH ST N.W.	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Whitten Charles	
1.3 STREET ADDRESS	7409 3rd Ave. N.W.	
1.4 CITY-ST-ZIP	Bradenton, FL 34209	
2.1 TITLE	President ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James, Loretta	
2.3 STREET ADDRESS	305 73rd St. N.W.	
2.4 CITY-ST-ZIP	Bradenton, FL 34209	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Boudeman, Margo	
3.3 STREET ADDRESS	402 73rd St. N.W.	
3.4 CITY-ST-ZIP	Bradenton, FL 34209	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gioffe Robert	
4.3 STREET ADDRESS	410 73rd St. N.W.	
4.4 CITY-ST-ZIP	Bradenton, FL 34209	
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	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Torres, Natalie	
6.3 STREET ADDRESS	213 74th St. N.W.	
6.4 CITY-ST-ZIP	Bradenton, FL 34209	

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 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 Q. James / Loretta N. James* 4/15/98 (941) 795-2773

CR2E037 (10/97)