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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01580

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

Principal Place of Business 305 - 73RD ST N.W. P. O. BOX 14062 BRADENTON FL 34280-1062 US	Mailing Address 7410 SECOND AVENUE NW P. O. BOX 14062 BRADENTON FL 34280-1062
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/21/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2477191
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTEN, CHARLES	1.2 NAME	TD Werner Thurm
STREET ADDRESS	7409 3RD AVE N.W.	1.3 STREET ADDRESS	322 73rd St NW
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, LORETTA	2.2 NAME	Elbert Duvall
STREET ADDRESS	305 73RD ST NW	2.3 STREET ADDRESS	314 73rd St NW
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUDEMAN, MARGO	3.2 NAME	Dorothy Julien
STREET ADDRESS	402 73RD ST N.W.	3.3 STREET ADDRESS	318 73rd St NW
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEFFE, ROBERT	4.2 NAME	
STREET ADDRESS	410 73RD ST N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH YOUNG	5.2 NAME	
STREET ADDRESS	7409 2ND AVE. N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALIE TORRES	6.2 NAME	
STREET ADDRESS	213 74TH ST N.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *2/24/99* (941) 795-2773
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)