

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

30 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathum Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N17079 (7)

1. Corporation Name
THE HOMEOWNERS' ASSOCIATION OF THE PALMS, INC.

Principal Place of Business C/O VANGUARD MANAGEMENT GROUP 10630 N. 56TH STREET, SUITE # 206 TAMPA FL 33617	Mailing Address C/O VANGUARD MANAGEMENT GROUP 10630 N. 56TH STREET, SUITE # 206 TAMPA FL 33617
--	--

2. Principal Place of Business 21 12228 N. 56th ST. Suite, Apt. #, etc.	2a. Mailing Address 26 12228 N. 56th ST. Suite, Apt. #, etc.
22 City & State 23 TAMPA FL	27 City & State 28 TAMPA FL
24 Zip 33617	25 County Hillsborough
29 Zip 33617	30 County Hillsborough

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 04/06/1994
4. FEI Number 59-2721297	Applied For Not Applicable
5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOYER, BOB 12228 N 56TH ST TAMPA FL 33617		10. Name and Address of New Registered Agent	
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 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]* DATE: **4-15-95**

Signature of registered agent and filer application (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEUWENDAM, GLORIA	12 NAME	CINDY CICA RELLO
STREET ADDRESS	878 BURLWOOD STREET	13 STREET ADDRESS	1719 PAINT BRANCH WAY
CITY - ST - ZIP	BRANDON FL	14 CITY - ST - ZIP	BRANDON, FL. 33511
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINGST, SHIRLEY	22 NAME	
STREET ADDRESS	890 BVRLWOOD ST	23 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVENPORT, WILLIAM	32 NAME	ROBERT WIMBERLY
STREET ADDRESS	878 BURLWOOD ST	33 STREET ADDRESS	911 BURLWOOD STREET
CITY - ST - ZIP	BRANDON FL	34 CITY - ST - ZIP	BRANDON, FL 33511
TITLE		41 TITLE	V.P. / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	PETE PETERSON
STREET ADDRESS		43 STREET ADDRESS	481 BURLWOOD STREET
CITY - ST - ZIP		44 CITY - ST - ZIP	BRANDON, FL 33511
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *[Signature]* DATE: **4.15.95**

Signature typed on printed name of signing officer or director