

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17079 (7)**
1. Corporation Name
THE HOMEOWNERS' ASSOCIATION OF THE PALMS, INC.



Principal Place of Business: 12228 N 56TH ST, 10630 N. 56TH STREET, SUITE # 206, TAMPA FL 33617, US
Mailing Address: 12228 N 56TH ST, 10630 N. 56TH STREET, SUITE # 206, TAMPA FL 33617, US

3. Date Incorporated or Qualified: 10/01/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2721297
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: 21 VAN GUARD MANAGEMENT, SUITE, APT. #, etc. 12228 N. 56 ST, TAMPA FL 33617
2a. Mailing Address: 27 VAN GUARD MANAGEMENT, SUITE, APT. #, etc. 12228 N. 56 ST, TAMPA FL 33617
23. City & State: TAMPA FL
24. Zip: 33617
25. Hillsborough
29. Zip: 33617
30. Hillsborough

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): 100001740891
83 City, State, Zip: 03/13/96--01024--023
84 City: ***61.25
85 Zip Code: FL

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: NO
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: P, NAME: NIEUWENDAM, GLORIA, STREET ADDRESS: 878 BURLWOOD STREET, CITY-ST-ZIP: BRANDON FL, DELETE
TITLE: S, NAME: HINGST, SHIRLEY, STREET ADDRESS: 890 BURLWOOD ST, CITY-ST-ZIP: BRANDON FL, DELETE
TITLE: TD, NAME: WIMBERLY, ROBERT, STREET ADDRESS: 911 BURLWOOD ST, CITY-ST-ZIP: BRANDON FL, DELETE
TITLE: VPD, NAME: PETERSON, PETE, STREET ADDRESS: 881 BURLWOOD STREET, CITY-ST-ZIP: BRANDON FL, DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: P/D, NAME: CICARELLO, CINDY, STREET ADDRESS: 1719 PAINT BRANCH WAY, CITY-ST-ZIP: BRANDON, FL 33511, Change Addition
21 TITLE: (SID), NAME: HINGST, SHIRLEY, STREET ADDRESS: 890 BURLWOOD ST. (street wrong), CITY-ST-ZIP: BRANDON FL, Change Addition
31 TITLE: VPD, NAME: WIMBERLY, ROBERT, STREET ADDRESS: 911 BURLWOOD ST, CITY-ST-ZIP: BRANDON FL, Change Addition
41 TITLE: P/D, NAME: PETERSON, ELWOOD E., STREET ADDRESS: 881 BURLWOOD STREET, CITY-ST-ZIP: BRANDON FL, Change Addition
51 TITLE: D, NAME: OSMUL, ANTHONY, STREET ADDRESS: 868 BURLWOOD ST, CITY-ST-ZIP: BRANDON, FL, Change Addition
61 TITLE: Change Addition
62 NAME: Change Addition
63 STREET ADDRESS: Change Addition
64 CITY-ST-ZIP: Change Addition

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: ELWOOD E. PETERSON 03/06/96 (813) 685-3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

9/12/96