


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17079 (7)**  
1. Corporation Name  
**THE HOMEOWNERS' ASSOCIATION OF THE PALMS, INC.**



Principal Place of Business <b>8787 TEMPLE TERRACE HWY 12226 N. 56TH STREET TEMPLE TERRACE FL 33637 US</b>	Mailing Address <b>8787 TEMPLE TERRACE HWY 12226 N. 56TH STREET TEMPLE TERRACE FL 33637 US</b>
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3. Date Incorporated or Qualified <b>10/01/1986</b>
4. FEI Number <b>59-2721297</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 DAwersly Prop. Inc.</b>	2a. Mailing Address <b>26 University Prop.</b>
Suite, Apt. #, etc. <b>22 1001 Temple Terr. Hwy</b>	Suite, Apt. #, etc. <b>27 7001 Temp Terr. Hwy</b>
City & State <b>23 Temple Terrace, FL</b>	City & State <b>28 Temple Terrace, FL</b>
Zip <b>24 33637</b>	Country <b>25 US</b>
Zip <b>29 33637</b>	Country <b>30 US</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MOYER, BOB 8787 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637</b>	
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81 Name <b>Antonio Duarte III</b>
82 Street Address (P.O. Box Number Not Acceptable) <b>1159 N. Florida Ave</b>
83
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33612</b>

11. Pursuant to the provisions of Sections 617.0602 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 *Antonio Duarte III* DATE **3/27/98**

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CICARELLO, CINDY 1719 PAINT BRANCH WAY BRANDON FL 33511</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LESSARD, NANCY 174 PAINT BRANCH BRANDON FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD TRUJILLO, ANNETTE 178 OAK BRANCH BRANDON FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PETERSON, ELWOOD E 881 BURLWOOD STREET BRANDON FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUTLER, GAIL 884 BURLWOOD BRANDON FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>TD Hampton, Joe 1606 Prowmore Drive Brandon, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SD McGoldrick, Karen 1714 Oak Branch Court Brandon, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D Trujillo, Annette 178 Oak Branch Brandon, FL 33511</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>PD Aitken, Reginald 736 Burlwood Street Brandon, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>VPD Lopez, Manuel 735 Burlwood Street Brandon, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark [unclear]* DATE: **3-31-98** ID: **980-1000**

CR2E037 (10/97)