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SECRETARY OF STATE
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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N17864 (2)
1. Corporation Name
PALM CLAY HOMEOWNERS ASSOCIATION, INC.
CAI

Principal Place of Business Mailing Address
% ARTHUR F. TAIT, JR.
8888 S.W. STATE ROAD 200
OCALA FL 34481

% ARTHUR F. TAIT, JR.
8888 S.W. STATE ROAD 200
OCALA FL 34481

3. Date Incorporated or Qualified 11/20/1986
3a. Date of Last Report 04/29/1994
4. FEI Number 59-2774085
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 NONE 26 P O BOX 76063
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 OCALA FL
24 Zip 25 Country 29 34481 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation files liability for franchise tax under 5, 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TAIT, ARTHUR F., JR.
8888 S.W. STATE ROAD 200
OCALA FL 34481

10. Name and Address of New Registered Agent
81 Name ALAN K MARTIN
82 Street Address (P.O. Box Number is Not Acceptable) 10967 SW 79 AVE NOE
83
84 City OCALA FL 85 Zip Code 34476

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 *Alan K Martin* DATE 4/22/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WAGNER, STEPHEN
STREET ADDRESS	10887 S.W. 75TH TERRACE
CITY - ST - ZIP	OCALA FL
TITLE	VD
NAME	DOYLE, JOSEPH
STREET ADDRESS	7745 S.W. 107TH PLACE
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	HEWITT, WILLIAM
STREET ADDRESS	11214 S.W. 19TH AVE.
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	TAIT, ARTHUR F JR
STREET ADDRESS	8888 S.W. STATE RD 200
CITY - ST - ZIP	OCALA FL
TITLE	S
NAME	ROBINETTE, THELMA
STREET ADDRESS	8888 S.W. STATE RD 200
CITY - ST - ZIP	OCALA FL
TITLE	T
NAME	DRENNEN, CHARLES
STREET ADDRESS	8888 S.W. STA. RD. 200
CITY - ST - ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	R PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROBERT HAWTHORNE	
13 STREET ADDRESS	11141 SW 78 CT	
14 CITY - ST - ZIP	OCALA FL 34476	
21 TITLE	VICE-PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MACK HORSBON	
23 STREET ADDRESS	10881 SW 76 AVE	
24 CITY - ST - ZIP	OCALA FL 34476	
31 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LEONARD SCHORNAK	
33 STREET ADDRESS	8482 SW 106 PL	
34 CITY - ST - ZIP	OCALA FL 34481	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	THELMA ROBINETTE	
53 STREET ADDRESS	1118 SW 76 AVE	
54 CITY - ST - ZIP	OCALA FL 34476	
61 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ALAN K - MARTIN	
63 STREET ADDRESS	10967 SW 79 AVE	
64 CITY - ST - ZIP	OCALA FL 34476	

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)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *Alan K Martin* DATE: 4/22/95
ALAN K MARTIN 904-237-5241