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NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N17864

(2)

PALM CAY HOMEOWNERS ASSO Principal Place of Business * ARTHUR F. TAIT. JR. 8888 S.W. STATE ROAD 200 OCALA FL 34481	Mailing Address P.O. BOX 76063 OCALA FL 34481				
			3. Date Incorporated or Qualified 11/20/1986	3a. Date of Las 05/01/1	
Principal Place of Business The Principal Place of Business	2a. Mailing Address		4. FEI Number 59-2774085		Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		39 2114003		Not Applicable
22	27		5. Certificate of Status Desired	1 1 '	5 Additional Required
City & State	City & State		6. Election Campaign Financing		O May Be
23	28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		ed to Fees
Zip Country 25	Zip	Country	This corporation has liability for		. 199.032,
9. Name and Address of Curre	29 ent Registered Agent	30		Yes No	-
		81 Name	10. Name and Address of New R	egistered Agent	
MARTIN, ALAN K.			Robert Hawthorne		
10947 SW 79TH AVE.		82 Street A	Address (P.O. Box Number is Not Acceptable 1) 14 SW 78+4	le)	
OCALĄ FL 34476		83	(714) 300 78		
		94 0			
4		84 City	Ocala.	FL 85 3	ip Code 4476
11. Pursuant to the provisions of Sections 617.050 or registered agent, or both, in the State of Eloc	2 and 617.1508, Florida Statutes	, the above-named cor	poration submits this statement for the pur	pose of changing its	registered office
 Pursuant to the provisions of Sections 617.050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec 	tion 617.0503, Florida Statutes.	Dy the corporation's b	poard of directors. I hereby accept the appo	pintment as registered	d agent. I am
GIGNATURE CLARY LAND					
	norne	Kobert Ha	oftenne	6/17/96	
Signature, typed or printed name of registered agen	nt and title if applicable (NOTE	Registered Agent signature rec	Cuttorne pulled when reinstating)	0/17/96	
Signature, typed or printeo name of registered agen 12. OFFICERS AN	NOVILL) nt and title if applicable (NOTE ND DIRECTORS	Kober † #4 Registered Agent signature rec 13.	26 Horne ADDITIONS CHANGES TO OFFI	0/12/96 DATE ICERS AND DIRECTO	DRS IN 12
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Robert Hauthorne

time Phone #