

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 # N17864 (2)
1. Corporation Name
PALM CAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
* **ARTHUR F. TAIT, JR.**
8888 S.W. STATE ROAD 200
OCALA FL 34481 **P.O. BOX 76063**
OCALA FL 34481

3. Date Incorporated or Qualified **11/20/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2774085		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

MARTIN, ALAN K.
10947 SW 79TH AVE.
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name **Robert Hawthorne**
82 Street Address (P.O. Box Number is Not Acceptable)
1114 SW 78th CT
83
84 City **Ocala** FL 85 Zip Code **34476**

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 *Robert Hawthorne* Signature, typed or printed name of registered agent and title if applicable **Robert Hawthorne** (NOTE: Registered Agent signature required when reinstating) DATE **6/17/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	PRESIDENT & D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWTHORNE, ROBERT	12 NAME	DONNA M. NELSON
STREET ADDRESS	11141 SW 78TH CT	13 STREET ADDRESS	11116 SW 79TH AVE
CITY-ST-ZIP	OCALA FL 34476	14 CITY-ST-ZIP	OCALA FL 34476
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	P-D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORSMON, MACK	22 NAME	RICHARD HILLER
STREET ADDRESS	10881 SW 76TH AVE.	23 STREET ADDRESS	11061 SW 77TH CT
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	OCALA FL 34476
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHORNAK, LEONARD	32 NAME	
STREET ADDRESS	8482 SW 106TH PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAIT, ARTHUR F JR	42 NAME	
STREET ADDRESS	8888 S.W. STATE RD 200	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINETTE, THELMA	52 NAME	700001873497
STREET ADDRESS	11118 SW 76TH AVE.	53 STREET ADDRESS	-06/24/96--01049--003
CITY-ST-ZIP	OCALA FL 34476	54 CITY-ST-ZIP	***61.25
TITLE	T <input checked="" type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ALAN K.	62 NAME	Robert Hawthorne
STREET ADDRESS	10947 SW 79TH AVE	63 STREET ADDRESS	11141 SW 78th CT
CITY-ST-ZIP	OCALA FL 34476	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)(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: *Robert Hawthorne* Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert Hawthorne** Date **4/25/96** Daytime Phone # **(852) 854-1631**

CR2E037 (12/95)