

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

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 34481-0063**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/20/1986</b>	3a. Date of Last Report <b>06/24/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2774085</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HAWTHORNE, ROBERT 11141 SW 78TH CT. OCALA FL 34476</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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* DATE **4/5/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President &amp; D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWTHORNE, ROBERT</b>	1.2 NAME	<b>Miller, Richard</b>
STREET ADDRESS	<b>11141 SW 78TH CT</b>	1.3 STREET ADDRESS	<b>11061 SW 77th CT</b>
CITY-ST-ZIP	<b>OCALA FL 34476</b>	1.4 CITY-ST-ZIP	<b>Ocala, FL 34476</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President &amp; D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, RICHARD</b>	2.2 NAME	<b>McGillen, James</b>
STREET ADDRESS	<b>11061 SW 77TH AVE.</b>	2.3 STREET ADDRESS	<b>8097 SW 167th PL</b>
CITY-ST-ZIP	<b>OCALA FL 34476</b>	2.4 CITY-ST-ZIP	<b>Ocala, FL 34481</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHORNAK, LEONARD</b>	3.2 NAME	
STREET ADDRESS	<b>8482 SW 106TH PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34481</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAIT, ARTHUR F JR</b>	4.2 NAME	
STREET ADDRESS	<b>8888 S.W. STATE RD 200</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINETTE, THELMA</b>	5.2 NAME	
STREET ADDRESS	<b>11118 SW 78TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34476</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWTHORNE, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>11141 SW 78TH AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34476</b>	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)