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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17864 (2)
1. Corporation Name
PALM CAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % ARTHUR F. TAIT, JR. 8888 S.W. STATE ROAD 200 OCALA FL 34481	Mailing Address P.O. BOX 78063 OCALA FL 34481
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3. Date Incorporated or Qualified 11/20/1986	
4. FEI Number 59-2774085	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 % Kay O. Kurtz	2a. Mailing Address 26
Suite, Apt. #, etc. 22 8888 S.W. State Rd 200	Suite, Apt. #, etc. 27
City & State 23 Ocala, FL	City & State 28
Zip 24 34481	Country 25
Country 25	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

**HAWTHORNE, ROBERT
11141 SW 78TH CT.
OCALA FL 34478**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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** *Robert Hawthorne* **3/19/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, RICHARD 11061 SW 77TH CT OCALA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGILLEN, JAMES 8097 SW 107TH PL OCALA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHORNAK, LEONARD 8482 SW 106TH PLACE OCALA FL 34481 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAIT, ARTHUR F JR 8888 S.W. STATE RD 200 OCALA FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINETTE, THELMA 11118 SW 76TH AVE. OCALA FL 34478 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWTHORNE, ROBERT 11141 SW 78TH AVE OCALA FL 34478 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD MCGILLEN, JAMES 8097 SW 107TH PL OCALA, FL 34481
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPD ROBINETTE, THELMA 11118 SW 76TH AVE OCALA, FL 34476
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D KAY O. KURTZ 8888 SW STATE RD 200 OCALA, FL 34481
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D SCHICK, WALTER 11237 SW 76TH AVE OCALA, FL 34476
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D DANSBURY, LINDA 11179 SW 76TH AVE OCALA, FL 34476

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: **ROBERT HAWTHORNE** *Robert Hawthorne* **3/19/98 (352) 854-1631**

CR2E037 (10/97)