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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90074 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17864

1. Corporation Name
PALM CAY HOMEOWNERS ASSOCIATION, INC.

457047-90074-10



Principal Place of Business C/O KAY O KURTZ 8888 S.W. STATE RD. 200 OCALA FL 34481 US	Mailing Address P.O. BOX 76063 OCALA FL 34481
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/20/1986	4. FEI Number 59-2774085	Applied For 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		

9. Name and Address of Current Registered Agent HAWTHORNE, ROBERT 11141 SW 78TH CT. OCALA FL 34476	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGILLEN, JAMES	1.2 NAME	LOPATIN, NEIL
STREET ADDRESS	8097 SW 107TH PL	1.3 STREET ADDRESS	10957 SW 79TH TER.
CITY-ST-ZIP	OCALA FL 34481	1.4 CITY-ST-ZIP	OCALA, FL. 34476
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINETTE, THELMA	2.2 NAME	
STREET ADDRESS	1118 SW 76TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, KAY O	3.2 NAME	
STREET ADDRESS	8888 SW STATE RD 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICK, WALTER	4.2 NAME	
STREET ADDRESS	11237 SW 76TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANSBURY, LINDA	5.2 NAME	
STREET ADDRESS	11179 SW 76 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWTHORNE, ROBERT	6.2 NAME	
STREET ADDRESS	11141 SW 78TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Thelma Robinette THELMA ROBINETTE 4-24-99 352-873-0397
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)