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 # N29473 (8)

1. Corporation Name
PALM HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
C/O OCEAN PROPERTIES
4168 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169
US

Mailing Address
C/O OCEAN PROPERTIES
4168 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169
US

3. Date Incorporated or Qualified: 11/29/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22: 3506 S ATLANTIC AVE
Suite, Apt. #, etc. — 27: 3506 S ATLANTIC AVE
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2921486 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
EBAUGH, CRAIG A.
1099 W. MORSE BLVD.
WINTER PARK FL 32789

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

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SAMUELS, SAM	
STREET ADDRESS	1714 LAKESIDE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	EBAUGH, CRAIG	
STREET ADDRESS	405 LAZY ACRES LN.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	~~STD~~	☐ DELETE
NAME	MAHURIN, DANIEL W.	
STREET ADDRESS	2005 S. ORANGE AVE., TOWER 6	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	☑ Change ☐ Addition
1.2 NAME	RADFORD, TRACY	
1.3 STREET ADDRESS	2633 DANIELLE ROAD	
1.4 CITY-ST-ZIP	OVIEDO, FL 32765	
2.1 TITLE	VD	☑ Change ☐ Addition
2.2 NAME	BROWN, MURRAY	
2.3 STREET ADDRESS	1900 PARK AVENUE NORTH	
2.4 CITY-ST-ZIP	WINTER PARK, FL	
3.1 TITLE	PD	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not [illegible] 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 [illegible] 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 [illegible] 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: _____ 4/29/96 (407) 237-4249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)