


FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 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 # N29473 (8)
 1. Corporation Name
PALM HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3506 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169 US	Mailing Address 3506 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169 US
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3. Date Incorporated or Qualified 11/29/1988	
4. FEI Number 59-2921486	Applied For <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 ROE, WILLIAM E.		
82 Street Address (P.O. Box Number is Not Acceptable)		
83 3506 S. ATLANTIC AVENUE		
84 City NEW SMYRNA BEACH	85 State FL	86 Zip Code 32169

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RADFORD, TRACEY		1.2 NAME COLLISON, HARRY	
STREET ADDRESS 2833 DANIELLE RD.		1.3 STREET ADDRESS 930 ELIZABETH DR.	
CITY - ST - ZIP OVIEDO FL		1.4 CITY - ST - ZIP WINTER PARK FL 32789	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, MURRAY		2.2 NAME THOMPSON, RICHARD	
STREET ADDRESS 1900 PARK AVE. N.		2.3 STREET ADDRESS 328 SANFORD DRIVE	
CITY - ST - ZIP WINTER PARK FL		2.4 CITY - ST - ZIP WINTER PARK FL 32789-5023	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAHURIN, DANIEL W.		3.2 NAME	
STREET ADDRESS 2005 S. ORANGE AVE., TOWER 6		3.3 STREET ADDRESS	
CITY - ST - ZIP ORLANDO FL		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *[Signature]*

4/28/98

CR2E037 (10/97)