

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

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 FL 85 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)