

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N35381 (5)
1. Corporation Name
PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1221 HANCOCK CIR ST. CLOUD FL 34769 US	Mailing Address 1221 HANCOCK CIR ST. CLOUD FL 34769 US
--	--

3. Date Incorporated or Qualified
11/28/1989

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**BOESSEL, DON
1221 HANCOCK CIR
ST. CLOUD FL 34769**

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BOESSEL, DON
STREET ADDRESS	1221 HANCOCK CIR
CITY-ST-ZIP	ST. CLOUD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PEARCE, GARY
STREET ADDRESS	1205 HANCOCK CIR.
CITY-ST-ZIP	ST. CLOUD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRAZEE, DON
STREET ADDRESS	1217 HANCOCK CIR.
CITY-ST-ZIP	ST. CLOUD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SPARKS, GARY
STREET ADDRESS	1289 HANCOCK CIR.
CITY-ST-ZIP	ST. CLOUD FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	BULLOCK, KAREN
STREET ADDRESS	1285 HANCOCK CIR
CITY-ST-ZIP	ST. CLOUD FL
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Turner, Gary</i>
STREET ADDRESS	<i>1201 Hancock Cir</i>
CITY-ST-ZIP	<i>St Cloud, Fl</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Sandra B. Mortham* 5-23-98 407-957-4179

CR2E037 (1097)