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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44064

1. Corporation Name
PALACO GRANDE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3505 SE 19TH AVE. CAPE CORAL FL 33904	3306 SE 22ND AVE CAPE CORAL FL 33904 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 06/26/1991

4. FEI Number: 65-0245042 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

SCHNEIDER CHRISTIANS VERENA
3306 SE 22ND AVE
CAPE CORAL FL 33904

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 _____ 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~~ S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER CHRISTIANS VERENA		1.2 NAME		
STREET ADDRESS	3306 SE 22TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	HECKLAU, FRED L		2.2 NAME	EDWARD MAHER	
STREET ADDRESS	3505 SE 19TH AVE.		2.3 STREET ADDRESS	3317 SE 22ND PL	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEARCE, ELIZABETH		3.2 NAME		
STREET ADDRESS	3343 SE 16TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURCHLAND, GAYLE		4.2 NAME		
STREET ADDRESS	1826 PALACO GRANDE PWKY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEELY, PATRICIA L		5.2 NAME		
STREET ADDRESS	3522 SE 22ND PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VP	☐ Change ☐ Addition
NAME			6.2 NAME	EDI J. POLLAERT	
STREET ADDRESS			6.3 STREET ADDRESS	2213 SE 32ND TERRACE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CAPE CORAL FL 33904	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 5.3.99 (941)945-6628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #