

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 # **N44453** (1)

1. Corporation Name

PALISADES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
**225 S WESTMONTE DRIVE
SUITE 3020
ALTAMONTE SPRINGS FL 32714
US**

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 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **07/26/1991** 3a. Date of Last Report **02/22/1995**
4. FEI Number **59-3083229** 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

10. Name and Address of New Registered Agent

~~MCENULTY, FRANK~~
**225 S WESTMONTE DRIVE
SUITE 3020
ALTAMONTE SPRINGS FL 32714**

81 Name **DAVID W. HALL**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0302 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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD ~~MCENULTY, FRANK~~ ☒ DELETE
**225 S. WESTMONTE DR #3020
ALTAMONTE SPRINGS FL**
D ~~FELKINS, TOM~~ ☒ DELETE
**16520 PALISADES BLVD
CLERMONT FL**
VSTD ☐ DELETE
**LUBIN, LAWRENCE
225 S WESTMONTE DR SUITE 3020
ALTAMONTE SPRINGS FL 32714**
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME **DAVID W. HALL**
1.3 STREET ADDRESS **225 S. Westmonte Drive, Suite 3020**
1.4 CITY - ST - ZIP **Altamonte Springs, FL 32714**
2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME **EDWIN VICE**
2.3 STREET ADDRESS **765 White Ivey Court**
2.4 CITY - ST - ZIP **Apopka, FL 32712**
3.1 TITLE ☐ 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 qualify for the 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 (407) 865-5444

CR2E037 (12/95)