

SECURITY NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
ANNUAL FILING ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Amended

APPROVED
AND
FILED

98 DEC 16 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NON-PROFIT CORPORATION
ANNUAL REPORT
AMENDED 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44453
1. Corporation Name
PALISADES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
225 S. Westmonte Dr.
Suite 3020
Altamonte Springs, FL 32714
US

Mailing Address
c/o Mid-Florida Prop. Mgmt.
PO Box 182150
Casselberry, FL 32718-2150
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2221 Lee Road	26 2221 Lee Road
22 Suite 24	27 Suite 24
23 Winter Park, Florida	28 Winter Park, Florida
24 32789	29 32789
25 USA	30 USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
7/26/91	59-3083229	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes or has paid the current year intangible
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Trust Fund Contribution	Personal Property Tax due June 30.
		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Pratt, James R. Esq.
369 North New York Ave.
3rd floor.
Winter Park, FL 32789

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Joseph E. Whitaker	
STREET ADDRESS	225 S. Westmonte Dr., Suite 3020	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	P, S, T, D	<input type="checkbox"/> DELETE
NAME	Lawrence Lubin	
STREET ADDRESS	2221 Lee Road, Suite 24	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Edwin Vice	
STREET ADDRESS	2221 Lee Road, Suite 24	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Shoel Silver	
STREET ADDRESS	2221 Lee Road, Suite 24	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shoel Silver	
1.3 STREET ADDRESS	2221 Lee Road, Suite 24	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
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		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: OCT. 15/98 DAYTIME PHONE: (407) 735-6000
LAWRENCE LUBIN, PRESIDENT

CR2E034 (5/98)