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FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001171 (7)

1. Corporation Name

PALM HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 352762
PALM COAST FL 32135-2762
USPO BOX 352762
PALM COAST FL 32135-2762
US3. Date Incorporated or Qualified
03/03/19943a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

4. FEI Number
59-3290081Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

WHITE, WILLIAM A.
PALM COAST PROPERTY MANAGEMENT
296 PALM COAST PKWT NE
PALM COAST FL 32137

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME TUBBS, STEVEN
STREET ADDRESS 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL

DELETE

1.1 TITLE DP
1.2 NAME NICK AMARO
1.3 STREET ADDRESS ONE CORPORATE DR.
1.4 CITY-ST-ZIP PALM COAST, FL 32137

Change Addition

TITLE DVP
NAME BUTLER, SAM
STREET ADDRESS 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE DST
NAME ARBERG, LEE
STREET ADDRESS 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL

DELETE

3.1 TITLE DST
3.2 NAME CHARLES J. CALLEA
3.3 STREET ADDRESS ONE CORPORATE DRIVE
3.4 CITY-ST-ZIP PALM COAST, FL 32137

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6002637

CR2E037 (9/96)