

FILE NOW:

FILED
Jul 15 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 727058 (0) **AMENDED**
 1. Corporation Name
PALMETTO SPRINGS CONDOMINIUM VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
The Timberlake Group, Inc., 5050 N.W. 74th. Avenue, Miami, Florida 33166.	The Timberlake Group, Inc., 5050 N.W. 74th. Avenue, Miami, Florida 33166.

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/19/1973	3a. Date of Last Report 03/06/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1507289	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23 Zip	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent Robert A. Dugger, The Timberlake Group, Inc., 5050 N.W. 74th. Avenue, Miami, Florida 33166.	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
--	---

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 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 agree to the change.

SIGNATURE: ROBERT A. DUGGER DATE: 06/23/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	12 NAME	
CITY-STATE-ZIP		13 STREET ADDRESS	
		14 CITY-STATE-ZIP	
TITLE	NAME	21 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	22 NAME	
CITY-STATE-ZIP		23 STREET ADDRESS	
		24 CITY-STATE-ZIP	
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32 NAME	
CITY-STATE-ZIP		33 STREET ADDRESS	
		34 CITY-STATE-ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42 NAME	
CITY-STATE-ZIP		43 STREET ADDRESS	
		44 CITY-STATE-ZIP	
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52 NAME	
CITY-STATE-ZIP		53 STREET ADDRESS	
		54 CITY-STATE-ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62 NAME	
CITY-STATE-ZIP		63 STREET ADDRESS	
		64 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: RAIMUNDO PEREZ (305) 593-1141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #