

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745499** (4)

1. Corporation Name

THE PALMS OF ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**79901 OVERSEAS HWY.
ISLAMORADA FL 33036**

**79901 OVERSEAS HWY.
ISLAMORADA FL 33036**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1979

3a. Date of Last Report

01/29/1996

4. FEI Number

59-1981338

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

6. 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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PITTOCK JACK
79901 OVERSEAS HWY 415
ISLAMORADA FL 33036**

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	VPD	<input type="checkbox"/> DELETE
NAME	JACK PITTOCK	
STREET ADDRESS	79901 OVERSEAS 415	
CITY-ST-ZIP	ISLAMORADA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURIEL BEYER	
STREET ADDRESS	79901 OVERSEAS HWY 216	
CITY-ST-ZIP	ISLAMORADA FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PANDO, RENIGIO	
STREET ADDRESS	532 MADERIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARBARA COOPER	
STREET ADDRESS	79901 OVERSEAS HWY 316	
CITY-ST-ZIP	ISLAMORADA FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KUKLA, STARLEY	
STREET ADDRESS	2237 HARROWGATE DRIVE	
CITY-ST-ZIP	BARRINGTON IL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM G. EDIE	
STREET ADDRESS	154 IRON FORGE ROAD S	
CITY-ST-ZIP	POMPTON LAKES NJ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	F. Bennington Rupert /yo Champion International
3.3 STREET ADDRESS	8750 W. Bryn Mawr Ave. Suite 350
3.4 CITY-ST-ZIP	Chicago, IL 60631

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kukla, Stanley
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 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 REQUIRED

CP2E037 (4/97)