

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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**



3. Date Incorporated or Qualified

01/09/1979

4. FEI Number

59-1981338

Applied For

Not Applicable

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

24

25

29

30

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

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	RUPERT, F. BENNINGTON	
STREET ADDRESS	8750 W BOYN MAWR AVE., SUITE 350	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARBARA COOPER	
STREET ADDRESS	79901 OVERSEAS HWY 316	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KUKLA, STANLEY	
STREET ADDRESS	2237 HARROWGATE DRIVE	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM G. EDIE	
STREET ADDRESS	154 IRON FORGE ROAD S	
CITY-ST-ZIP	POMPTON LAKES NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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	Alice Young
3.3 STREET ADDRESS	79901 Overseas Hwy 210
3.4 CITY-ST-ZIP	Islandorada FL 33036
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Alan Schulberg
4.3 STREET ADDRESS	79901 Overseas Hwy #216
4.4 CITY-ST-ZIP	Islandorada FL 33036
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Amie Studenski
5.3 STREET ADDRESS	79901 Overseas Hwy #304
5.4 CITY-ST-ZIP	Islandorada FL 33036
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Box Barr
6.3 STREET ADDRESS	3rd Hammer Lane
6.4 CITY-ST-ZIP	Islandorada NY 14850

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 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 #

CR2E037 (10/97)