

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702080

1. Corporation Name

PALMS OF SEBRING, INC.

Principal Place of Business

725 S PINE ST.
SEBRING FL 33870

Mailing Address

725 S PINE ST.
SEBRING FL 33870

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90052 050 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/01/1961

4. FEI Number

59-0934514

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R P.A.
227 NORTH RIDGEWOOD DR.
SEBRING FL 33870

10. Name and Address of New Registered Agent

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 ~~DELETE~~
NAME ~~BARNETT, FLOYD~~
STREET ADDRESS ~~2943 COUNTRY CLUB ROAD~~
CITY-ST-ZIP ~~SEBRING FL 33872~~

TITLE ~~DELETE~~
NAME ~~JOHN DORR~~
STREET ADDRESS ~~2211 PINWOOD BLVD~~
CITY-ST-ZIP ~~SEBRING FL 33870~~

TITLE ☐ DELETE
NAME RALPH HOLLENBERG
STREET ADDRESS 3701 KEARLY AVE
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ DELETE
NAME JOHN LENGUEL
STREET ADDRESS 4321 DUFFER LOOP
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ DELETE
NAME ROBINSON, PAUL D
STREET ADDRESS 245 OAK AVENUE, APT 414
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME T D Margaret Rhoades
1.3 STREET ADDRESS 937 NE Lakeview Dr
1.4 CITY-ST-ZIP Sebring FL 33870

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME SD. Marjorie Peer
2.3 STREET ADDRESS 4725 Leucadandra Dr
2.4 CITY-ST-ZIP Sebring FL 33870

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME PD. John Lengyel
4.3 STREET ADDRESS 4321 Duffer Loop
4.4 CITY-ST-ZIP Sebring FL 33872

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME VPD Paul Robinson
5.3 STREET ADDRESS 245 Oak Ave, Apt 414
5.4 CITY-ST-ZIP Sebring FL 33870

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99

Date

Daytime Phone #

CR2E037 (11/98)