FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713951 (2)

1. Corporation Name
PALM LAKE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
320 PALM LAKE DR. SANIBEL FL 33957 US	320 PALM LAKE DR. SANIBEL FL 33957 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1968
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-1259550 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KRIVANEK, ROBIN
320 PALM LAKE DR.
SANIBEL FL 33957

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 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, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☒ Addition
NAME	HUMPHREY, WENDY	1.2 NAME	
STREET ADDRESS	317 PALM LAKE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	33957
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	BRANO, CARL	2.2 NAME	McLean, Edward
STREET ADDRESS	3010 W. GULF DR.	2.3 STREET ADDRESS	283 Palm Lake Dr.
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	Sanibel FL 33957
TITLE	ST	3.1 TITLE	☐ Change ☒ Addition
NAME	KRIVANEK, ROBIN	3.2 NAME	
STREET ADDRESS	320 PALM LAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	33957
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	STOUTEN, ALICE	4.2 NAME	CRIMMINS, JOAN
STREET ADDRESS	223 PALM LAKE DR.	4.3 STREET ADDRESS	313 PALM LAKE DR.
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CERRETANI, MARIA	5.2 NAME	
STREET ADDRESS	220 PALM LAKE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	5.4 CITY-ST-ZIP	33957
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	MEOLA, ROSE MARIE	6.2 NAME	KETCHAM, EUGENE
STREET ADDRESS	230 PALM LAKE DR.	6.3 STREET ADDRESS	3030 WEST GULF DRIVE
CITY-ST-ZIP	SANIBEL FL	6.4 CITY-ST-ZIP	SANIBEL FL 33957

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robin C. Krivanek Robin C. KRIVANEK 4/13/95 813/395-0927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017443