

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 713951**

1. Corporation Name

PALM LAKE ASSOCIATION, INC.

Principal Place of Business

320 PALM LAKE DR.

SANIBEL FL 33957

Mailing Address

320 PALM LAKE DR. SANIBEL FL 33957

us

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90003 002 ****61.25



3. Date Incorporated or Qualifed

2. Principal Pl	lace of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		ļ	
<u> </u>	PALM LAKE DRIVE 26 ZI4 PAL	-m (LA	KEDR	01/16/1968			
Suite, Apt.					4. FEI Number	Арр	lied For	
22	27				59_1259550	Nat	Applicable⊭	
City & State	OITY & State NIBEL FL 28 SANIBE	<u>۔۔۔</u>	F	Ĩ.	5. Certificate of Status Desired	\$8.75 A		
Zip	Country Zip	Cou		******	6. Election Campaign Financing	\$5.00 N	viay Be	
	9√7 25 CEE 29 33957	30	۷	EE	Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Ag	jent		
			81	Name				
MEIER, CARL				82 Street Address (P.O. Box Number is Not Acceptable)				
214 PALM LAKE DRIVE				Silect Address (1.0. Dox Humber is Not Acceptable)				
SANIBEL FL 33957						_		
SAINDEL I	LE 33931			A.:	<u> </u>	85 Zip C	ado	
			84	City	FL	183 ZIP C	OUB I	
11. Pursuant	to the provisions of Sections 617.0502 and 617.1508, Florida Statut	es, the a	pove	-named corpo	oration submits this statement for the purpose of ch	anging its r	egistered	
office or n	to the provisions of Sections 617, 1902 and 617, 1905, Fibrida Salate egistered agent, or both, in the State of Florida. Such change was a m familiar with, and accept the obligations of, Section 617,0503, Flo	iutnonzec	ועמנ	ine condoratioi	n's board of directors. I hereby accept the appoint	nent as reg	istered	
	m lamiliar with, and accept the obligations of, Section 617.0505, 10	nda Oldii	G.05.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered	Agent	t signature required			-	
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR		
TITLE	VP □ DELETE	1.1 M	ΠE			Change	Addition	
NAME	JURA, ROBERT	1.2 NA	AME					
STREET ADDRESS	223 PALM LAKE DRIVE	1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	SANIBEL FL 33957	1.4 Cf	TY-ST	-ZIP	<u> </u>			
TITLE	P DELETE	2.1 TIT	TLE			Change	Addition	
NAME	MCLEAN, EDWARD	2.2 NA	AME					
STREET ADDRESS	283 PALM LAKE DRIVE	2.3 ST	TREET	ADDRESS				
CITY-ST-ZIP				T-ZIP				
TITLE			3.1 TITLE			Change	Addition	
NAME	GOETZINGER, JOHN	3.2 NA	AME					
STREET ADDRESS	250 PALM LAKE DRIVE	3.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	SANIBEL FL 33957	3.4. C	πy-s	T-ZIP				
TITLE	D DELETE	4.1 TI				Change	☐ Addition	
NAME	CERRETANI, LAWRENCE	4.2 N	IAME					
STREET ADDRESS	220 PALM LAKE DRIVE	4.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	SANIBEL FL 33957	4.4 CI	TY-\$1	- ZIP				
TITLE	ST DELETE	5.1 TF				Change	☐ Addition	
NAME	MEIER, CARL F.	5.2 N	AME					
STREET ADDRESS	214 PALM LAKE DRIVE	5.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	SANIBEL FL 33957	5.4 CI	ITY-\$1	r-ZIP				
TITLE	D DELETE	6.1 TT	TLE	1		Change	Addition	
NAME	DAVIS, MARION	6.2 NA	AME					
STREET ADDRESS	231 PALM LAKE DRIVE	6.3 S1	TREET	ADDRESS				
GIALLI ADDIREGO	CANIDEL EI	64CI	ITY-\$1	1.7IP	•			

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.