

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 719649 (6)
1. Corporation Name
PALM BAY ASSOCIATION, INC.



Principal Place of Business: 5960 MIDNIGHT PASS ROAD SARASOTA FL 34242
Mailing Address: 5960 MIDNIGHT PASS ROAD SARASOTA FL 34242

3. Date Incorporated or Qualified: 11/06/1970
3a. Date of Last Report: 04/03/1995
4. FEI Number: 59-1368543
5. 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KING, CLIFFORD, 1550 RINGLING BLVD, SARASOTA FL 34236
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, ROBERT	1 2 NAME	
STREET ADDRESS	5966 MIDNIGHT PASS RD., #37	1 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1 4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPORE, MICHAEL	2 2 NAME	
STREET ADDRESS	P O BO X40124 N/AZ	2 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2 4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, BUD	3 2 NAME	
STREET ADDRESS	220 N. TUTTLE AVE.	3 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAKEFORD, BRIAN	4 2 NAME	Wakeford, Brian
STREET ADDRESS	5960 MIDNIGHT PASS RD., #58	4 3 STREET ADDRESS	5966 Midnight Pass Rd. #51
CITY-ST-ZIP	SARASOTA FL	4 4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	TD <input type="checkbox"/> DELETE	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARBANIDES, JOHN	5 2 NAME	Sarbanides, John
STREET ADDRESS	5963 MIDNIGHT PASS RD 340	5 3 STREET ADDRESS	5963 Midnight Pass Rd. #332
CITY-ST-ZIP	SARASOTA FL	5 4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)