

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

APPROVED AND FILED

98 NOV 10 PM 4:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **719649** (6)

1. Corporation Name

PALM BAY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5960 MIDNIGHT PASS ROAD
 SARASOTA FL 34242

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 SARASOTA FL 34242

3. Date Incorporated or Qualified

11/06/1970

4. FEI Number

59-1368543

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KING CLIFFORD~~ Lobeck, Daniel J Esq
~~1800 SECOND ST~~ The Law Offices of Lobeck
~~855x~~ & Hanson, P.A.
~~SARASOTA FL 34236~~ 2033 Main Street, Ste. 301
 Sarasota, FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300002687589-9

83

-11/13/98-01098-003

84 City

*****61.25
 85 Zip Code 25

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP DELETE

1.1 TITLE VP Change Addition

NAME KNAPP, ROBERT

1.2 NAME Harmon Brown

STREET ADDRESS 5966 MIDNIGHT PASS RD., #37

1.3 STREET ADDRESS 5966 Midnight Pass Road #356

CITY-ST-ZIP SARASOTA FL

1.4 CITY-ST-ZIP Sarasota, FL 34242

TITLE PD DELETE

2.1 TITLE PD Change Addition

NAME LEPORE, MICHAEL

2.2 NAME Brian Wakeford

STREET ADDRESS P O BO X40124 N/AZ

2.3 STREET ADDRESS 5960 Midnight Pass Road

CITY-ST-ZIP SARASOTA FL

2.4 CITY-ST-ZIP Sarasota, FL 34242

TITLE SD DELETE

3.1 TITLE D Change Addition

NAME WEST, ROBERT

3.2 NAME Robert Knapp

STREET ADDRESS 13511 SHADY SHORES DR

3.3 STREET ADDRESS 5966 Midnight Pass Road #37

CITY-ST-ZIP TAMPA FL

3.4 CITY-ST-ZIP Sarasota, FL 34242

TITLE D DELETE

4.1 TITLE D Change Addition

NAME WAKEFORD, BRIAN

4.2 NAME Mike LePore

STREET ADDRESS 5966 MIDNIGHT PASS RD. #51

4.3 STREET ADDRESS Post Office Box #40124

CITY-ST-ZIP SARASOTA FL

4.4 CITY-ST-ZIP Sarasota, FL 34242

TITLE TD DELETE

5.1 TITLE TD Change Addition

NAME SARBANIDES, JOHN

5.2 NAME Robert West

STREET ADDRESS 5963 MIDNIGHT PASS RD. #332

5.3 STREET ADDRESS 13511 Shady Shores Drive

CITY-ST-ZIP SARASOTA FL

5.4 CITY-ST-ZIP Tampa, FL 33613

TITLE DELETE

6.1 TITLE Change Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/24/98 941 349 1911

CR2E037 (5/98)

0010695