

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 719649

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/06/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1368543	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOBECK, DANIEL J ESQ. THE LAW OFFICES OF LOBECK & HANSON, P.A. 2033 MAIN STREET, SUITE 301 SARASOTA FL 34237				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ 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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, HARMON			1.2 NAME			
STREET ADDRESS	5963 MIDNIGHT PASS ROAD #356			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242			1.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAKEFORD, BRIAN			2.2 NAME			
STREET ADDRESS	5960 MIDNIGHT PASS ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, ROBERT			3.2 NAME			
STREET ADDRESS	13511 SHADY SHORES DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNAPP, ROBERT			4.2 NAME	Christensen, Jeri		
STREET ADDRESS	5966 MIDNIGHT PASS ROAD #37			4.3 STREET ADDRESS	5968 Midnight Pass Road #154		
CITY-ST-ZIP	SARASOTA FL 34242			4.4 CITY-ST-ZIP	Sarasota, FL 34242		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEPORE, MIKE			5.2 NAME	Lorch, Kendall		
STREET ADDRESS	POST OFFICE BOX 40124			5.3 STREET ADDRESS	5432 Queen Victoria Drive		
CITY-ST-ZIP	SARSOTA FL 34242			5.4 CITY-ST-ZIP	Leesburg, FL 34748		
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 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: S/President, EFD-99 JRED *Harmon Brown* 941-346-0707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)