

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735608 (2)

1. Corporation Name

THE PALMS OF BAY BEACH CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

4248 BAY BEACH LANE
FT. MYERS BCH FL 33931

4248 BAY BEACH LANE
FT. MYERS BCH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/19/1976 3a. Date of Last Report 03/08/1994

4. FEI Number 59-1671765 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, MOYLAN E
448 BAY BEACH LN
FT MYERS BCH FL 33931

81 Name Peckham, Judith
82 Street Address (P.O. Box Number is Not Acceptable) 4248 Bay Beach Lane
83
84 City Fort Myers Beach FL 85 Zip Code 33931

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 607.0506, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent and filer

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME NELSON, MIRIAM
STREET ADDRESS 4253 BAY BEACH LN D1
CITY- ST- ZIP FT MYERS BCH FL

TITLE D
NAME ETTINGER, ALBERT
STREET ADDRESS 4223 BAY BCH LN, E1
CITY- ST- ZIP FT MYERS BCH FL

TITLE P
NAME GRAGG, G. R
STREET ADDRESS 4253 BAY BEACH LN G3
CITY- ST- ZIP FT MYERS BCH FL

TITLE TD
NAME JORGENSEN, LOIS
STREET ADDRESS 4203 BAY BCH LN, H5
CITY- ST- ZIP FT MYERS BCH FL

TITLE VPD
NAME GREGORY, CAESAR
STREET ADDRESS 4203 BAY BCH LN, H1
CITY- ST- ZIP FT MYERS BCH FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE Secretary ☒ Change ☐ Addition
12 NAME Huber, Mary
13 STREET ADDRESS 4253 Bay Beach Lane #A-6
14 CITY- ST- ZIP Fort Myers Beach, FL 33931

21 TITLE Director ☒ Change ☐ Addition
22 NAME Regan, Dominic
23 STREET ADDRESS 4203 Bay Beach Lane #E-7
24 CITY- ST- ZIP Fort Myers Beach, FL 33931

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE Treasurer ☒ Change ☐ Addition
42 NAME Rybinski, F. Gregg
43 STREET ADDRESS 4203 Bay Beach Lane #D-1
44 CITY- ST- ZIP Fort Myers Beach, FL 33931

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(h), 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 executor 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 checked, or on my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Richard Gragg

2.27.95

813-463-2044