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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 339314248 BAY BEACH LANE
FT. MYERS BCH FL 33931-49033. Date Incorporated or Qualified
04/19/19763a. Date of Last Report
03/02/1996

4. FEI Number

59-1671765

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PECKHAM, JUDITH
4248 BAY BEACH LANE
FT MYERS BCH FL 33931

81 Name

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

83

84 City

FL

85 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

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 S ☐ DELETE
NAME HUBER, MARY
STREET ADDRESS 4253 BAY BEACH LANE A-6
CITY-ST-ZIP FT MYERS BCH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME REGAN, DOMINIC
STREET ADDRESS 4203 BAY BEACH LANE E-7
CITY-ST-ZIP FT MYERS BCH FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME O'CONNOR, JAMES
STREET ADDRESS 4223 BAY BEACH LANE H-5
CITY-ST-ZIP FT. MYERS BEACH FL 339313.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS Ely, Donald
3.4 CITY-ST-ZIP 4203 Bay Beach Lane A-3
Ft. Myers Beach, FL 33031TITLE T ☐ DELETE
NAME ZIMMERLING, WILLIAM
STREET ADDRESS 4203 BAY BEACH LANE E-1
CITY-ST-ZIP FT MYERS BCH FL 339314.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME GREGORY, CAESAR
STREET ADDRESS 4203 BAY BCH LN, H1
CITY-ST-ZIP FT MYERS BCH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Domina A. Regan 2-24-97

Date: Daytime Phone: 0000000000

CR2E037 (9/96)