


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA 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 4248 BAY BEACH LANE FT. MYERS BCH FL 33931	Mailing Address 4248 BAY BEACH LANE FT. MYERS BCH FL 33931
--	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1976		3a. Date of Last Report 03/03/1995	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26	27	28
4. FEI Number 59-1671765				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent PECKHAM, JUDITH 4248 BAY BEACH LANE FT MYERS BCH FL 33931				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number Is Not Acceptable)			
83				84 City			
				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]* CAM DATE **2-19-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUBER, MARY		1.2 NAME				
STREET ADDRESS	4253 BAY BEACH LANE A-6		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT MYERS BCH FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REGAN, DOMINIC		2.2 NAME	President			
STREET ADDRESS	4203 BAY BEACH LANE E-7		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT MYERS BCH FL		2.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRAGG, G. R		3.2 NAME	400001730434			
STREET ADDRESS	4253 BAY BEACH LN G3		3.3 STREET ADDRESS	-03/04/96--01035--021			
CITY-ST-ZIP	FT MYERS BCH FL		3.4 CITY-ST-ZIP	***61.25			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GREGG, RYBINSKI F.		4.2 NAME	Treasurer			
STREET ADDRESS	4203 BAY BEACH LANE D-1		4.3 STREET ADDRESS	William Zimmerling			
CITY-ST-ZIP	FT MYERS BCH FL		4.4 CITY-ST-ZIP	4203 Bay Beach Lane E-1			
TITLE	VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GREGORY, CAESAR		5.2 NAME				
STREET ADDRESS	4203 BAY BCH LN, H1		5.3 STREET ADDRESS				
CITY-ST-ZIP	FT MYERS BCH FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			6.2 NAME	Director			
STREET ADDRESS			6.3 STREET ADDRESS	James O'Connor			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	4223 Bay Beach Lane H-5			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.09(3), 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]* DATE **2-19-96** DAYTIME PHONE # **941-463-2044**

CFR2037 (12/95)