FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:08

DOCUMENT # 745499 (4)

1. Corporation Name

THE PALMS OF ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
79901 OVERSEAS HWY. ISLAMORADA FL 33036	79901 OVERSEAS HWY. ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1979
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1981338 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PITTOCK JACK
79901 OVERSEAS HWY 415
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE Jack Pittock 3/1/95
(Future, 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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JACK PITTOCK	1.2 NAME	Harry "Bus" Yourell	
STREET ADDRESS	79901 OVERSEAS 415	1.3 STREET ADDRESS	9524 Kenton Avenue	
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	Oaklawn, IL 60453	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MURIEL BEYER	2.2 NAME	Jack Pittock	
STREET ADDRESS	79901 OVERSEAS HWY 216	2.3 STREET ADDRESS	79901 Overseas #415	
CITY-ST-ZIP	ISLAMORADA FL	2.4 CITY-ST-ZIP	Islamorada FL 33036	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	KNOBEL, RICKIE	3.2 NAME	Remigio Pando	
STREET ADDRESS	1799 NE 164TH ST	3.3 STREET ADDRESS	532 Madeira Avenue	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	BARBARA COOPER	4.2 NAME		
STREET ADDRESS	79901 OVERSEAS HWY 316	4.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KUKLA, STAN	5.2 NAME	Muriel S. Beyer	
STREET ADDRESS	2237 HARROW GATE DR	5.3 STREET ADDRESS	79901 Overseas Hwy # 216	
CITY-ST-ZIP	INVERNESS BARRINGTON IL	5.4 CITY-ST-ZIP	Islamorada FL 33036	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM G. EDIE	6.2 NAME		
STREET ADDRESS	154 IRON FORGE ROAD S	6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPTON LAKES NJ	6.4 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)(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: Jack Pittock Vice President 3/1/95 305-664-4523
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Title (Daytime Phone #)
Jack Pittock

0006764