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02-27-1999 90021 014 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 745499

1. Corporation Name

**THE PALMS OF ISLAMORADA CONDOMINIUM ASSOCIATION,
INC.**

Principal Place of Business

79901 OVERSEAS HWY.
ISLAMORADA FL 33036

Mailing Address

79901 OVERSEAS HWY.
ISLAMORADA FL 33036



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/09/1979

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

9. Name and Address of Current Registered Agent

PITTOCK JACK JAMES POTASH
79901 OVERSEAS HWY 415
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name **JAMES POTASH**
82 Street Address (P.O. Box Number is Not Acceptable) **79901 OVERSEAS HWY #309**
83
84 City **ISLAMORADA** FL 85 Zip Code **33036**

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

James K. Potash

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD YOUNG, ALICE**
STREET ADDRESS **79901 OVERSEAS HWY 210**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ DELETE

NAME **D MURIEL BEYER**
STREET ADDRESS **79901 OVERSEAS HWY 216**
CITY-ST-ZIP **ISLAMORADA FL**

TITLE ☐ DELETE

NAME **TD RUPERT F. BENNINGTON**
STREET ADDRESS **8750 W BOYN MAWR AVE., SUITE 350**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ DELETE

NAME **SD SCHULBERT, ALAN**
STREET ADDRESS **79901 OVERSEAS HWY #216**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ DELETE

NAME **D STUBENSHI, ARNE**
STREET ADDRESS **79901 OVERSEAS HWY #304**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ DELETE

NAME **VPD BARR, JOY**
STREET ADDRESS **3 TRIP HAMMER LANE**
CITY-ST-ZIP **ITHACA NY 14850**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D JACK LARSON
79901 OVERSEAS HWY #511
ISLAMORADA, FL 33036

D JACK PITTOCK
79901 OVERSEAS HWY #415
ISLAMORADA, FL 33036

D DENIS PRYOR
79901 OVERSEAS HWY #403
ISLAMORADA, FL 33036

VPD KEVIN KELLY
79901 OVERSEAS HWY #511
ISLAMORADA, FL 33036

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:

James K. Potash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

305-664-8000

Date Daytime Phone #

CR2E037 (11/98)