


FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749786** (0)

1. Corporation Name

PALM LAKE ESTATES RESIDENT ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

**808 53RD AVE. E.
BRADENTON FL 34203**

**808 53RD AVE. E.
BRADENTON FL 34203**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 **808 53RD AVE E**

Suite, Apt. #, etc.

27 **LOT # 154**

City & State

28 **BRADENTON FL**

Zip

29 **34203**

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/14/1979

4. FEI Number

59-2371790

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

CARROLL STORY

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

808 53RD AVE. E.

83

84 City

LOT #214-H

BRADENTON, FL. 34203

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]

(NOTE: Registered Agent signature required when reinstating)

MARCH 9, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	LAKE, ERNESTINE	
STREET ADDRESS	808 53RD AVE E #157 J	
CITY-ST-ZIP	BRADENTON FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COE, JOHN	
STREET ADDRESS	808 53 AVE E #24 A	
CITY-ST-ZIP	BRADENTON FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BARILONE	
STREET ADDRESS	808 53RD AVE E #176 J	
CITY-ST-ZIP	BRADENTON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCINTYRE, MARY LOU	
STREET ADDRESS	808 53 AVE E #52A	
CITY-ST-ZIP	BRADENTON FL 34203	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, ETHEL M	
STREET ADDRESS	808 53RD AVE E #10K	
CITY-ST-ZIP	BRADENTON FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICE, ROBERT NE	
STREET ADDRESS	808 53 AVE E #108C	
CITY-ST-ZIP	BRADENTON FL 34203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STORY, CARROLL	
1.3 STREET ADDRESS	808 53RD AVE E LOT 214 H	
1.4 CITY-ST-ZIP	BRADENTON FL 34203	

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PLATT, KEN	
2.3 STREET ADDRESS	808 53RD AVE. E. LOT 20 A	
2.4 CITY-ST-ZIP	BRADENTON, FL. 34203	

3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIKEK, DORIS	
3.3 STREET ADDRESS	808 53RD AVE. E. LOT 62 B	
3.4 CITY-ST-ZIP	BRADENTON, FLORIDA 34203	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIKEK, FRANK	
4.3 STREET ADDRESS	808 53RD AVE E LOT 62 B	
4.4 CITY-ST-ZIP	BRADENTON FL 34203	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DALY, EVELYN	
5.3 STREET ADDRESS	808 53RD AVE. E. LOT 27 A	
5.4 CITY-ST-ZIP	BRADENTON, FL. 34203	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 is a true and correct signature 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]* **CARROLL STORY** 3/5/98 750 1422

CR2E037 (10/97)