

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 752557 (9)
1. Corporation Name
PALMETTO VILLAS CONDOMINIUM ASSOCIATION, INC.



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| Principal Place of Business 3536 NW 21 DRIVE GAINESVILLE FL 32605 | Mailing Address 3536 NW 21 DRIVE GAINESVILLE FL 32605-2315 |
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|--|--|
| 3. Date Incorporated or Qualified 05/20/1980 | 3a. Date of Last Report 03/05/1996 |
| 4. FEI Number 59-2203074 | Applied For 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 | |

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|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country |
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9. Name and Address of Current Registered Agent
**HAGOPIAN, NANCY S.
COMMODORE MANAGEMENT, INC.
4131 N.W. 13 STREET, STE. 201
GAINESVILLE FL 32609**

10. Name and Address of New Registered Agent
81 Name **Ella Mae Rosenberger**
82 Street Address (P.O. Box Number is Not Acceptable)
3413 NW 21st Drive
83
84 City **Gainesville** FL 85 Zip Code **32605**

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 **ELLA MAE ROSENBERGER, MANAGER** *Ella Mae Rosenberger* DATE **2/28/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SOLOMON, K.E. | |
| STREET ADDRESS | 1527 NW 7 PLACE | |
| CITY - ST - ZIP | GAINESVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OPALACH, BETTY | |
| STREET ADDRESS | 3505 NW 21 DRIVE | |
| CITY - ST - ZIP | GAINESVILLE FL 32605 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ROSENBERGER, ELLA MAE | |
| STREET ADDRESS | 3413 NW 21 DRIVE | |
| CITY - ST - ZIP | GAINESVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Susan Brinkley |
| 3.3 STREET ADDRESS | 3331 NW 21st Drive |
| 3.4 CITY - ST - ZIP | Gainesville, FL 32605 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 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 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: *Susan Brinkley* DATE **2-14-97** (352)377-2638
Signature and typed or printed name of signing officer or director Date Daytime Phone #0010020

CP2E037 (9/96)