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

APPROVED AND FILED

95 APR 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753945 (5)

1. Corporation Name

PALM ISLAND ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5244 GROVE CITY FL 34224	P.O. BOX 5244 GROVE CITY FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1980
3a. Date of Last Report: 12/07/1994
4. FEI Number: 59-2384306 ☐ 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

BRENNEMAN, BETTY L
KETTLE HARBOR DR.
DON PEDRO ISLAND
PLACIDA FL 33946

10. Name and Address of New Registered Agent

81 Name: Wilkins, Marcia
82 Street Address (P.O. Box Number is Not Acceptable): Pointe Bocilla, Don Pedro Island
83
84 City: Placida FL 85 Zip Code: 33946

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: Marcia Wilkins — Marcia Wilkins — 4-10-95
Signature, type 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	☑ Change ☐ Addition: PD
NAME	BRENNEMAN, BETTY L	1.2 NAME	Mallett, Celeste
STREET ADDRESS	KETTLE HARBOR DR., DON PEDRO ISLAND	1.3 STREET ADDRESS	Palm Dr., Knight Island
CITY-ST-ZIP	PLACIDA FL 33946	1.4 CITY-ST-ZIP	Placida, FL 33946
TITLE	VD	2.1 TITLE	☑ Change ☐ Addition: VD
NAME	MALLETT, CELESTE	2.2 NAME	OKeefe, Tom
STREET ADDRESS	PALM DR., KNIGHT ISLAND	2.3 STREET ADDRESS	Gulf Blvd, Knight Island
CITY-ST-ZIP	PLACIDA FL 33946	2.4 CITY-ST-ZIP	Placida, FL 33946
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	VERCHOT, ENID	3.2 NAME	
STREET ADDRESS	KETTLE HARBOR DR., DON PEDRO ISLAND	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WILKINS, MARCIA	4.2 NAME	
STREET ADDRESS	POINTE BOCILLA, DON PEDRO ISLAND	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLACIDA FL 33946	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Marcia Wilkins — Marcia Wilkins — 4-10-95 — 813-697-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005A00