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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34224-0244

3. Date Incorporated or Qualified: **08/26/1980**
3a. Date of Last Report: **03/07/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILKINS, MARCIA
POINTE BOCILLA DON PEDRO ISLAND
DON PEDRO ISLAND
PLACIDA FL 33946

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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: Marcia L Wilkins Marcia L Wilkins 3-14-97
Signature, 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	☒ DELETE	1.1 TITLE	PRESIDENT, D.	☐ Change ☒ Addition
NAME	MALLETT, CELESTE		1.2 NAME	WILKINS, MARCIA	
STREET ADDRESS	PALM DRIVE KNIGHT ISLAND		1.3 STREET ADDRESS	P O BOX 380249, Pointe Bocilla, Don Pedro Island	
CITY-ST-ZIP	PLACIDA FL		1.4 CITY-ST-ZIP	MURDOCK, FL 33938	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRESIDENT, D.	☐ Change ☒ Addition
NAME	OKEEFE, TOM		2.2 NAME	NEYLAND, SUZIE	
STREET ADDRESS	GULF BLVD KNIGHT ISLAND		2.3 STREET ADDRESS	P O BOX 849, Bayshore Circle, Knight Island	
CITY-ST-ZIP	PLACIDA FL		2.4 CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE	SD	☒ DELETE	3.1 TITLE	SECRETARY (Recording), D.	☐ Change ☒ Addition
NAME	VERCHOT, ENID		3.2 NAME	STRELAU, CAROLYN	
STREET ADDRESS	KETTLE HARBOR DR., DON PEDRO ISLAND		3.3 STREET ADDRESS	P O BOX 56, Kettle Harbor Drive, Don Pedro Island	
CITY-ST-ZIP	ENGLEWOOD FL 34224		3.4 CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE	T	☒ DELETE	4.1 TITLE	SECRETARY (Corresponding), D.	☐ Change ☒ Addition
NAME	WILKINS, MARCIA		4.2 NAME	MERRY, ANNE	
STREET ADDRESS	POINTE BOCILLA, DON PEDRO ISLAND		4.3 STREET ADDRESS	7025 PLACIDA ROAD, Pointe Bocilla, Don Pedro Island	
CITY-ST-ZIP	PLACIDA FL 33946		4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE		☐ DELETE	5.1 TITLE	TREASURER, D.	☐ Change ☒ Addition
NAME			5.2 NAME	SIRMONS, SOOSIE	
STREET ADDRESS			5.3 STREET ADDRESS	P O BOX 701, Kettle Harbor Drive, Don Pedro Island	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Marcia L Wilkins Marcia L Wilkins 3-14-97 941-697-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062480