

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756736 (5)
1. Corporation Name

FOUR PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4226 DEL PRADO BLVD
CAPE CORAL FL 33904
US**

**4226 DEL PRADO BLVD
CAPE CORAL FL 33904
US**

3. Date Incorporated or Qualified
03/12/1981

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2260718

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIERCE, ILAMARIE
4226 DEL PRADO BLVD
CAPE CORAL FL 33904**

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

Ilamarie Pierce

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

(NOTE: Registered Agent signature required when reinstating)

3/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, JOSEPH	
STREET ADDRESS	4829 TRITON CT E	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EMMINGER, EDWARD	
STREET ADDRESS	4829 TRITON CT E	
CITY - ST - ZIP	CAPE CORAL, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, MARGARET	
STREET ADDRESS	4829 TRITON CT E	
CITY - ST - ZIP	CAPE CORAL, FL 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, JACK	
STREET ADDRESS	4829 TRITON CT E	
CITY - ST - ZIP	CAPE CORAL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOODY, WILLIAM R.	
STREET ADDRESS	4226 DEL PRADO BLVD	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DUNPHY, NICHOLAS	
13 STREET ADDRESS	4829 TRITON CT E	
14 CITY - ST - ZIP	CAPE CORAL, FL: 33904	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VP/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROSARIO, JOSE	
33 STREET ADDRESS	4829 TRITON CT E	
34 CITY - ST - ZIP	CAPE CORAL, FL: 33904	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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: **W. R. MOODY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

Date

941-542-8712

Daytime Phone #

CR2E037 (12/95)