FILE NOW: FILING FEE IS $61.25

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Mar 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 # 756736 (5)

1. Corporation Name
FOUR PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
4226 DEL PRADO BLVD
CAPE CORAL FL 33904
US

Mailing Address
4226 DEL PRADO BLVD
CAPE CORAL FL 33904-7168
US

3. Date Incorporated or Qualified: 03/12/1981
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent
PIERCE, ILAMARIE
4226 DEL PRADO BLVD
CAPE CORAL FL 33904

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 ILAMARIE PIERCE (MANAGER) — 3/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD — ☒ DELETE	1.1 TITLE	SD — XX Change ☐ Addition
NAME	DUNPHY, NICHOLAS	1.2 NAME	EDUARDO DOMINGOS
STREET ADDRESS	4829 TRITON CT E	1.3 STREET ADDRESS	4829 TRITON CT., E. #105
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904
TITLE	PD — ☐ DELETE	2.1 TITLE	STD — XX Change ☐ Addition
NAME	EMMINGER, EDWARD	2.2 NAME	EMMINGER, EDWARD
STREET ADDRESS	4829 TRITON CT E	2.3 STREET ADDRESS	4829 TRITON CT., E. #101
CITY-ST-ZIP	CAPE CORAL, FL 00000	2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904
TITLE	VPTD — ☐ DELETE	3.1 TITLE	PD — XX Change ☐ Addition
NAME	ROSARIO, JOSE	3.2 NAME	ROSARIO, JOSE
STREET ADDRESS	4829 TRITON CT E	3.3 STREET ADDRESS	4829 TRITON CT., E. #102
CITY-ST-ZIP	CAPE CORAL, FL 0	3.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904
TITLE	D — XX DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOODY, WILLIAM R.	4.2 NAME	
STREET ADDRESS	4226 DEL PRADO BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

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.

CR2E037 (9/96)