


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90274 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768709

1. Corporation Name

PALM BAY RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

751 EAST 10TH ST
PALMETTO FL 34221
US

751 EAST 10TH ST
#2
PALMETTO FL 34221
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/01/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1888441	
24 Country		29 Country		30	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GOLLIHUE, DONNA
751 10TH ST E LOT #2
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 *Donna Gollihue (Donna Gollihue) Treasurer* DATE *March 4, '99*

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICATA, CHARLES	1.2 NAME	
STREET ADDRESS	751 10TH STREET E. LOT #406	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLLIHUE, DONNA	2.2 NAME	
STREET ADDRESS	751 10TH ST E LOT #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTENDORP, NANCEE	3.2 NAME	
STREET ADDRESS	751 10TH ST E LOT #35	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVEJOY, RON	4.2 NAME	
STREET ADDRESS	751 10TH ST E #164	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUT, CHET	5.2 NAME	
STREET ADDRESS	751 10TH ST E #139	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTENDORP, GARY	6.2 NAME	
STREET ADDRESS	751 10TH ST E #35	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Donna Gollihue* *Donna Gollihue* DATE: *March 4, '99* 941-722 1979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)