

3/24/97

B-3511-MC

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10042** (5)

1. Corporation Name

**PALMA VISTA LODGE NO. 205 FREE AND ACCEPTED MA S
ONS OF FLORIDA**

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US****ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US**

3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 03/08/1996
4. FEI Number 59-2694060	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	

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

9. Name and Address of Current Registered Agent

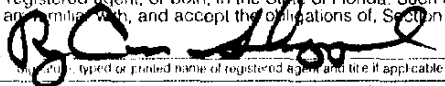
10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**

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



(NOTE: Registered Agent signature required when reinstating)

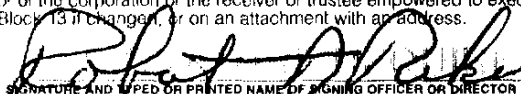
DATE

2-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	11 TITLE	WORSHIPFUL MASTER D
NAME	NENETH, RALPH L	12 NAME	Robert Jack Rothstein
STREET ADDRESS	30041 S.W. 148TH CT.	13 STREET ADDRESS	9495 Dominican Dr
CITY-ST-ZIP	LEISURE CITY FL 33033-3824	14 CITY-ST-ZIP	Miami FL 33189-1617
TITLE	SD	21 TITLE	SENIOR WARDEN D
NAME	RIKER, ROBERT D	22 NAME	Milo Vernus Lee
STREET ADDRESS	12730 SW 255TH TER	23 STREET ADDRESS	9710 SW 189TH St
CITY-ST-ZIP	PRINCETON FL	24 CITY-ST-ZIP	Miami FL 33157-7841
TITLE	MD	31 TITLE	JUNIOR WARDEN D
NAME	WILLIAMS, GARY E	32 NAME	Charles Richard Reisinger
STREET ADDRESS	12006 FLICKER WAY	33 STREET ADDRESS	15811 SW 99TH Ave
CITY-ST-ZIP	COOPER CITY FL	34 CITY-ST-ZIP	Miami FL 33157-1718
TITLE	SD	41 TITLE	TREASURER D
NAME	ROTHSTEIN, ROBERT J	42 NAME	Gary Ellis Williams
STREET ADDRESS	9495 DOMINICAN DRIVE	43 STREET ADDRESS	12600 Flicker Way
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Cooper City FL 33026
TITLE	TD	51 TITLE	SECRETARY D
NAME	LEE, MILO V	52 NAME	Robert David Riker
STREET ADDRESS	9710 SW 189TH ST.	53 STREET ADDRESS	12730 SW 255TH Ter
CITY-ST-ZIP	MIAMI FL 33157-7841	54 CITY-ST-ZIP	Princeton FL 33032-5767
TITLE	D	61 TITLE	
NAME	ROARK, ROBERT JR	62 NAME	
STREET ADDRESS	26621 SW 122ND CT	63 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	64 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.

SIGNATURE:



Robert D. Riker

Date

Daytime Phone 8004340

UNRECORDED