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FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 06/30/1992
4. FEI Number 59-2694060
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

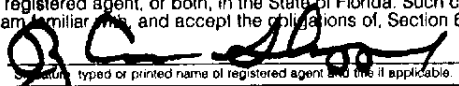
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202	
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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

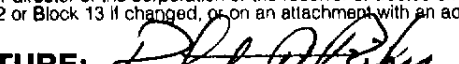
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **2/13/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	ROTHSTEIN, ROBERT JACK
STREET ADDRESS	9495 DOMINICAN DR
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	LEE, MILO VERNUS
STREET ADDRESS	9710 SW 189TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	REISINGER, CHARLES RICHAR
STREET ADDRESS	15811 SW 99TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GARY ELLIS
STREET ADDRESS	12600 FLICKER WAY
CITY-ST-ZIP	COOPER CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	RIKER, ROBERT DAVID
STREET ADDRESS	12730 SW 255TH TERR
CITY-ST-ZIP	PRINCETON FL
TITLE	<input type="checkbox"/> DELETE
NAME	ROARK, ROBERT JR
STREET ADDRESS	26621 SW 122ND CT
CITY-ST-ZIP	HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Milo Vernus Lee
1.3 STREET ADDRESS	9710 SW 189Th St
1.4 CITY-ST-ZIP	Miami FL 33157-7841
2.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert David Riker
2.3 STREET ADDRESS	12730 SW 255Th Terr
2.4 CITY-ST-ZIP	Princeton FL 33032-5767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles Richard Reisinger
3.3 STREET ADDRESS	15811 SW 99Th Ave
3.4 CITY-ST-ZIP	Miami FL 33157-1718 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Otto Rowe
4.3 STREET ADDRESS	9638 Sterling Dr
4.4 CITY-ST-ZIP	Miami FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gary Ellis Williams
5.3 STREET ADDRESS	12600 Flicker Way
5.4 CITY-ST-ZIP	Cooper City FL 33026

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.

SIGNATURE:  DATE: **2/25/98** 305-471-1700

CP2E037 (10/97)