FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95

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

13- 55508

APPROVED AND FILED

95 MAY -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J85041 (8)

1. Corporation Name

PALMA CEIA ADULT COMMUNITY, INC.

Principal Place of Business	Mailing Address
P O BOX 21566 TAMPA FL 33622-~~6566~~	P O BOX 21566 TAMPA FL 33622-~~6566~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1987

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 ~~33622~~ 1566 Country 25	Zip 29 1566 Country 30

4. FEI Number: 59-2846895 ☐ 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

BOBIER, GERALD W.
~~1501 1/4 S DALE MABRY~~
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1510 S. CLARK AVE

83

84 City TAMPA FL 85 Zip Code 33629

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KERNON, RANDOLPH L. JR	12 NAME	
STREET ADDRESS	3011 DELEON ST.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	33609
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	BOBIER, GERALD W.	22 NAME	
STREET ADDRESS	~~1501 1/2 DALE MABRY~~	23 STREET ADDRESS	~~1501~~ 1510 S. CLARK AVE
CITY-ST-ZIP	TAMPA FL 33629	24 CITY-ST-ZIP	TAMPA, FL. 33629
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BOBIER, ROBERT L	32 NAME	
STREET ADDRESS	~~1501 1/2 S. DALE MABRY~~	33 STREET ADDRESS	3011 DELEON ST.
CITY-ST-ZIP	TAMPA FL 33629	34 CITY-ST-ZIP	TAMPA, FL. 33609
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-26-95 813-~~286~~-8765235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GERALD W. BOBIER V.P

0006469 CP