

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N01580 (2)**  
1. Corporation Name  
**WOODS OF PALMA SOLA HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business  
**7410 SECOND AVENUE NW  
P. O. BOX 14062  
BRADENTON FL 34280-1062**

Mailing Address  
**7410 SECOND AVENUE NW  
P. O. BOX 14062  
BRADENTON FL 34280-1062**

3. Date Incorporated or Qualified  
**02/21/1984**

3a. Date of Last Report  
**06/29/1995**

4. FEI Number  
**59-2477191**

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  
**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**

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**REYNOLDS, KENNETH R.  
310 73RD STREET, N.W.  
BRADENTON FL 34209**

81 Name  
**LORETTA JAMES**

82 Street Address (P.O. Box Number is Not Acceptable)  
**305 - 73RD ST. N.W.**

83  
**BRADENTON, FL 34209**

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 *Loretta J. James* **LORETTA J. JAMES / TREASURER** **6/3/96**  
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 <b>TD</b>	<b>REYNOLDS, KENNETH ROGER</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>SECRETARY / D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME <b>TYSON, SALLY</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>213 73RD ST. N.W.</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>BRADENTON, FL 34209</b>	
TITLE <b>D</b>	<b>JAMES, LORETTA</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>TREASURER / D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>JAMES, LORETTA</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>305 - 73RD ST. NW</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>BRADENTON, FL 34209</b>	
TITLE <b>D</b>	<b>NOVAK, LARRY</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>DUVALL, ELBERT</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>314 73RD ST. N.W.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>BRADENTON, FL 34209</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME <b>700001865527</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>-06/18/96--01118--004</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>***70.00</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Loretta J. James* **LORETTA JAMES** **4/29/96** **795-2773**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)