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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N
1. Corporation Name

N01580

(2)

WOODS OF PALMA SOLA HOMEOWNERS' ASSOCIATION, INC

Principal Place	e of Business	Mailing A	Mailing Address				T TO DESIDED AND CONTROL WHEN EACH ON A PORT CONTROL C					
7410-SECOND-AYENUE NW			7410 SECOND-AVENUE NW									
P. O. BOX 14062			P. O. BOX 14062									
BRADENTON F	L 34280-1062		BRADENTON FL 94280-4062					Date Inco	rporated or Qualifie	d Se I	Date of Lest	Benort
							"	02/2	1/1984	J 30. L	~~05/01/1	996
2. Principal P	lace of Business		2a. Mailir	ng Address			4	. FEI Numb	er			Applied For
21			26				-	59-2	477191			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Carthianta	of Status Desired	12	\$8.75	Additional	
22		27	4 4				. Certificate	O Status Desired	<u> </u>	Fee I	Required	
City & State	e		City &	& State			6		ampaign Financing		\$5.0	О Мау Ве
23	Country			Zip Country				Trust Fund Contribution Added to Fees				
Zip	├ ─┐	<u> </u>	Country			•	oration has liability f			s. 199.032,		
24 25 29 30 9. Name and Address of Current Registered Agent							Florida Statutes Yes No 10. Name and Address of New Registered Agent					
81 Name												
111450	LODCTTA				Ľ							
JAMES, LORETTA 305 73RD ST. NW						2 Street	Address ((P.O. Box Nu	imber is Not Accep	table)		
	NTON FL 34209				8	3						
DIVADE	TION FL 34208											
					8	4 City				FI	85 Zij	p Code
11 Pursuant	to the provisions	of Sections 617 0502	and 617, 150	8 Florida Statute	s the abo	ve-named	corporation	ion submits t	his statement for th			its registered
office or r	egistered agent,	of Sections 617.0502 or both, in the State of	Florida. Su	ch change was a	uthorized (y the cor	poration's	board of dir	ectors. I hereby ac	cept the ap	pointment a	is registered
agent. I am ramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE .	Signature, typed or prin	ted name of registered agent	and title if applica	able. (NOTE	: Registered A	gent signature	e required whe	en reinstating)		DATE		
12.		OFFICERS AND	DIRECTORS		13.	- 			CHANGES TO OF	FICERS AN	ID DIRECTO	PRS IN 12
TITLE	S/D			DELETE	1.1 TITLE			irecti			Change	Addition
NAME	TYSON, SAI	TA			1.2 NAM	E	Wan	ner ?	thurm			
STREET ADDRESS	213 73RD S	T. NW			1.3 STRE	ET ADDRESS	322	73 8	D 14. N.	w.		
CITY-ST-ZIP	BRADENTO	N FL 34209			1.4 CITY	-ST-ZIP	Pra	denton	FL 3	1235		
TATLE	T/D			☐ DELETÉ	2.1 TITLE						☐ Change	Addition
NAME	JAMES, LOI				2.2 NAM	Ε ,	mar	90 13	oudeman			
STREET ADDRESS	305 73RD S				2.3 STRE	ET ADDRESS	*		D Mr. N.			
CITY-ST-ZIP	BRADENTO	N FL 34209				-ST-ZIP			FL JV.	205		2
TITLE	D			DELETE	3.1 TITLE		1	ctor		•	Change	Addition
NAME	DUVALL, EL				3.2 NAM		1305	6/e +	1 + C 1 + H, N. 4			
STREET ADDRESS	314 73RD S					et address	410	15 100	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
CITY-ST-ZIP	BRADENTO			DELETE	***	-ST-ZIP	Brad	lenton	FL 34	305	I'I Change	Addition
TITLE	Preside	nt Kiniry		Addition	4.1 TITLE 4. 2 NAM		500	٠٠٧	I ob	risur	A Property	- Addition
NAME DIDECT ADDRESS	2412 24	ID Ave, N.	W	NOU /F/IA			Pil	led.	other r	de	out	
STREET ADDRESS	1915	7,00,00	• •			ET ADDRESS	bet	fore.	readins	dire	ctions	P
CITY-ST-ZIP TITLE	" abent	resident	239	DELETE	4.4 CITY 5.1 TITLE						Change	Addition
NAME	Vice	rerident		Addition	5.2 NAM		1				بهراندان بس	
STREET ADDRESS	2409 20	D Ave, N.	J.	.,		ET ADDRESS	1					
CITY-ST-ZIP	ما				5.4 CITY		1	•	•			·
TITLE	Directi	n, FL 3V.	<u>νν7</u>	DELETE	6.1 TITLE		 				Change	Addition
	Natalic			Addition	6.2 NAM							
	213 742	MY M. N.W	,			ET ADDRESS	1					
OTHER TRANSPIRED	1	n FL 74.			6.4 CITY		1					
14. I do herel	by certify that the	information supplied	with this filin		for the ex	emption						
informatio	on indicated on the	is annual report or su of the corporation or t	ppiemental s he receiver d	annual report is tri or trustee empowe	ue and action exe	curate and scute this	o that my a report as i	signature shi required by	all have the same le Chapter 617, Florid	gal effect a Statutes:	as if made L and that my	inder oath; that I name
appears i	in Block 12 or Blo	ck 13 if changed, or	on an attachi	ment with an add	ress.			- 4			4.5.0.000	

SIGNATURE: Lece

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/31/97

(941) 795- 2773

FILED

Apr 04 1997 8:00am

Secretary of State