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May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N02978 (7)  
1. Corporation Name  
PALM BAY COLONY ADULT COMMUNITY HOMEOWNERS ASSOCIATION INC.



Principal Place of Business Mailing Address  
1785 COCO PLUM PALM BAY FL 32905 US  
1849 SEAGRAPE ST N.E. PALM BAY FL 32905 US

3. Date Incorporated or Qualified 05/09/1984  
4. FEI Number 59-2513143 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 2379 ERSOFF Blvd NE 26 2379 ERSOFF Blvd N.E.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 - - 27 - -  
City & State City & State  
23 PALM BAY Florida 26 PALM BAY Florida  
Zip Country Zip Country  
24 32905 25 USA 29 32905 30 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
EGGERT, EDWARD H  
1849 SEAGRAPE ST N.E.  
PALM BAY FL 32905

10. Name and Address of New Registered Agent  
81 Name Helen Rudy  
82 Street Address (P.O. Box Number is Not Acceptable) 2320 ERSOFF Blvd N.E.  
83  
84 City PALM BAY FL 85 Zip Code 32905

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 Helen Rudy President Helen Rudy DATE 3-31-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TP	<input checked="" type="checkbox"/> DELETE
NAME	GIANGOLINI, LORENZA	
STREET ADDRESS	1785 COCO PLUM	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	LABOISSIERE, WILLIAM	
STREET ADDRESS	1884 COCO PLUM	
CITY-ST-ZIP	PALM BAY FL 32901	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, MARY	
STREET ADDRESS	2306 COCONUT PALM DR N.E	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIE, DOLORES	
STREET ADDRESS	1944 SAGO PALM ST., NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRAIG, BETTY	
STREET ADDRESS	1757 COCO PLUM ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	EGGERT, EDWARD H	
STREET ADDRESS	1849 SEAGRAPE ST N.E.	
CITY-ST-ZIP	PALM BAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Helen Rudy	
1.3 STREET ADDRESS	2320 ERSOFF Blvd NE	
1.4 CITY-ST-ZIP	PALM BAY FL 32905	
2.1 TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK	
2.3 STREET ADDRESS	1898 Co	
2.4 CITY-ST-ZIP	P	
3.1 TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lois Adsit	
3.3 STREET ADDRESS	1986 Big Cypress ST NE	
3.4 CITY-ST-ZIP	PALM BAY FL 32905	
4.1 TITLE	SARGENT AT ARMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Dietz	
4.3 STREET ADDRESS	1961 Sea Grape ST NE	
4.4 CITY-ST-ZIP	PALM BAY FL 32905	
5.1 TITLE	Corresponding Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SARAH E. THOMAS	
5.3 STREET ADDRESS	1732 Big Cypress ST N.E.	
5.4 CITY-ST-ZIP	PALM BAY FL 32905	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	George Joyal	
6.3 STREET ADDRESS	1967 SAGO PALM ST NE	
6.4 CITY-ST-ZIP	PALM BAY FL 32905	

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: Helen Rudy Helen Rudy President 3-31-98 407-723-9196

CR2E037 (10/97)