

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 # N03462 (1)

1. Corporation Name

THE PALMS AT SEAGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3604 E CR 30-A  
SEAGROVE BCH FL 32459  
US

P O BOX 4822  
SEAGROVE BCH FL 32459  
US

3. Date Incorporated or Qualified

06/06/1984

3a. Date of Last Report

05/19/1995

4. FEI Number

58-1729077

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, ROBERT E., ATTY.  
1248 EGLIN PARKWAY  
SHALIMAR FL 32579

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

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 PD  
NAME SHUPE, RICHARD  
STREET ADDRESS 387-SOUTH SHORE DRIVE  
CITY-ST-ZIP DESTIN FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME MACKE, JOHN  
STREET ADDRESS 49 SWEET BRIAR  
CITY-ST-ZIP FORT THOMAS KY

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME PAPE, STEPHANIE  
STREET ADDRESS 6713 CRESTWOOD PENINSULA  
CITY-ST-ZIP FLOWERY BRANCH GA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME RICHTER, SCOTT  
STREET ADDRESS 2445 SPAULDING DRIVE  
CITY-ST-ZIP DUNWOODY GA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME TAYLOR, JOHN  
STREET ADDRESS 6258 15TH PLACE NORTH  
CITY-ST-ZIP ARLINGTON VA

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)