FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N03462

(1)

THE PALMS AT SEAGROVE CONDOMINIUM OWNERS' ASSOCI ATION, INC.					
Principal Place of Business Mailing Address			<u>-</u>		AIÐII BIBU BIBU ÐIÐU BIÐI BIÐU IÐÐI
3904 E CR 30-A P O BOX 4822 SEAGROVE BCH FL 32459 SEAGROVE BCH FL 32459 US US				3. Date Incorporated or Qualified 06/06/1984 4. FEt Number	
				58-1729077	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 City 9 Ctot		27		Trust Fund Contribution	Added to Fees
City & State	3	City & State		7. Is this nonprofit corporation a home	
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	<u></u>	10	Personal Property Tax due June 30	
	9. Name and Address of Curren			10. Name and Address of New Regis	itered Agent
			81 Name	eratt Baalte Carriage	T
LEE, ROBERT E., ATTY.			82 Street A	crett Realty Services Address (P.O. Box Number is Not Acceptable)	Inc.
1248 EGLIN PARKWAY				23 East C30A	
SHALIM	AR FL 32579		83		
			84 City		85 Zip Code
			1 1 '	Seagrove Beach	FL 32450
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 familia with, and accept the obligations of, Segtion 617.0503, Florida Statutes.					
agent. I a	m familia With, and accept the oblig	ations of, Seption 617.0503, Flori	da Statutes.	, accept	The dippointment as regions.
SIGNATURE .	Jellesse.	Well Teress	a Deal. A	required when reinstating)	2-19-98
	Signature typed or printed name of registered ag			ADDITIONS/CHANGES TO OFFICER	
12.	PD OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	SHUPE, RICHARD	AR been	1.2 NAME		
· · · · · · · · ·	387-SOUTH SHORE DRICE		1.3 STREET ADDRESS		
STREET ADDRESS	DESTIN FL		•		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	CMD	Change Addition
NAME	MACKE, JOHN		2.2 NAME	STD	X
STREET ADDRESS	49 SWEET BRIAR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT THOMAS KY		2. 4 City-ST-ZIP		
TITLE	VD	DELETE	3.1 TITLE	DD.	Change Addition
NAME	PAPE, STEPHANIE		3.2 NAME	PD Dickenson, Stephanie	**
STREET ADDRESS	6713 CRESTWOOD PENINSU	ILA	3.3 STREET ADDRESS	210 Polling Dunca De	
CITY-ST-ZIP	FLOWERY BRANCH GA		3.4. CITY-ST-ZIP	210 Rolling Dunes Dr Santa Rosa Beach, Fi	11ve 132459
TITLE	STD	DELETE	4.1 TITLE	VPD	Change
NAME	richter, scott		4. 2 NAME	112	
STREET ADDRESS	2445 SPAULDING DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNWOODY GA		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 850-231-4086

SIGNATURE:

K-MI acko

FILED

Mar 16 1998 8:00am

Secretary of State