

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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35 APR 25 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # *N06808*

1. Corporation Name

Palamar Oaks Villas Condominium Association, Inc

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4105 Neptune Road 4105 Neptune Road
St. Cloud, FL 34769 St. Cloud, FL 34769

3. Date Incorporated or Qualified 12/28/84 3a. Date of Last Report 2/25/94

4. FEI Number Not Applicable 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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Morin Ray N
4105 Neptune Road
St. Cloud, FL 34769

10. Name and Address of New Registered Agent

81 Name Morin Ray N
82 Street Address (P.O. Box Number is Not Acceptable) 4105 Neptune Road
83
84 City St. Cloud FL 85 Zip Code 34769

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME Morin, Ray N.
STREET ADDRESS 4105 Neptune Road
CITY-ST-ZIP St. Cloud, FL 34769

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

TITLE S/D
NAME Adams, Cindy
STREET ADDRESS 4105 Neptune Road
CITY-ST-ZIP St. Cloud, FL 34769

2.1 TITLE Change Addition
2.2 NAME 200001489382
-04/27/95--01039--008
2.3 STREET ADDRESS *****130.00 *****130.00
2.4 CITY-ST-ZIP

TITLE
NAME Morin, Emily Y. T/D
STREET ADDRESS 4104 Neptune Road
CITY-ST-ZIP St. Cloud, FL 34769

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if omitted, or on an attachment with an address.

SIGNATURE: *Raymond Morin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95 407-892-5625
Date Telephone
Office - 957-2223