

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N06868** (6)  
1. Corporation Name  
**PALAMAR OAKS VILLAS CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business: 4105 NEPTUNE RD. ST. CLOUD FL 34769  
Mailing Address: 4105 NEPTUNE RD. ST. CLOUD FL 34769

3. Date incorporated or Qualified: 12/28/1984  
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WHITLOCK, KURT S**  
**4103 NEPTUNE RD.**  
**ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORIN, RAY N.	
STREET ADDRESS	4105 NEPTUNE RD.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORIN, EMILY Y.	
STREET ADDRESS	4104 NEPTUNE RD.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAMS, CINDY	
STREET ADDRESS	4105 NEPTUNE RD.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DALONZO, DEBI L.	
STREET ADDRESS	4113 NEPTUNE RD.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITLOCK, KURT S	
STREET ADDRESS	4103 NEPTUNE RD.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORIN, EMILY Y	
STREET ADDRESS	4105 NEPTUNE RD.	
CITY-ST-ZIP	ST. CLOUD FL 34769	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Cindy Adams* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)