

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08032** (7)
1. Corporation Name
PINES AND PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business % ANNE-MARIE LOWELL 80401 OLD HIGHWAY ISLAMORADA FL 33036	Mailing Address % ANNE-MARIE LOWELL 80401 OLD HIGHWAY ISLAMORADA FL 33036-3707
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/07/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1915163		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, JOSEPH E 80401 OLD HIGHWAY ISLAMORADA FL 33036		10. Name and Address of New Registered Agent 81 Name RICHARD LOWELL 82 Street Address (P.O. Box Number is Not Acceptable) 80401 OLD HWY. 83 84 City ISLAMORADA FL 85 Zip Code 33036	
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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 *Richard Lowell* DATE **4/30/97.**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWELL, RICHARD	1.2 NAME	
STREET ADDRESS	80401 OLD HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWELL, ANNE-MARIE	2.2 NAME	
STREET ADDRESS	80401 OLD HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWELL, JUNE	3.2 NAME	
STREET ADDRESS	80401 OLD HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISAMORDA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: *Anne Marie Lowell* DATE **4/30/97.** 305-664-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0024326

CR2E037 (9/96)