


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N14247** (3)
1. Corporation Name
PALM SHORES ASSOCIATION, INC.



Principal Place of Business 103 LILY DR. RT. 3 BOX 402 INTERLACHEN FL 32148 US	Mailing Address 103 LILY DR. RT. 3 BOX 402 INTERLACHEN FL 32148-9104 US
--	---

3. Date Incorporated or Qualified 03/13/1986	3a. Date of Last Report 03/07/1996
--	--

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

4. FEI Number 59-2647566	Applied For <input checked="" type="checkbox"/> 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"/>	\$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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JONES, DOROTHY A
101 LILLY DRIVE
P.O. BOX 535
INTERLACHEN FL 32148**

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 *Dorothy A. Jones* **Corporate Treasurer** DATE **2-3-97**

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BRIDEAU, LARRY
STREET ADDRESS	157 PRIDGEON
CITY-ST-ZIP	INTERLACHEN FL 32147
TITLE	V <input type="checkbox"/> DELETE
NAME	BRUCCOLI, MICHAEL
STREET ADDRESS	114 BOLL GREEN DRIVE
CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	T <input type="checkbox"/> DELETE
NAME	JONES, DOROTHY A
STREET ADDRESS	101 LILLY DRIVE - P.O. BOX 535
CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NEWCOMB, ELSIE
STREET ADDRESS	111 WINCHESTER - P.O. BOX 1197
CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCCLEAN, EARL
STREET ADDRESS	110 VELVET ST
CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	D <input type="checkbox"/> DELETE
NAME	NIELSEN, RALPH
STREET ADDRESS	106 LILLY DRIVE - RT.3 BOX 400
CITY-ST-ZIP	INTERLACHEN FL 32148

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EARL McClean
1.3 STREET ADDRESS	110 Velvet St.
1.4 CITY-ST-ZIP	Interlachen, Fl. 32148
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Secretary - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Helen Czarkowski
4.3 STREET ADDRESS	133 Reaves Ave.
4.4 CITY-ST-ZIP	Interlachen, Fl. 32148
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Larry Brideau
5.3 STREET ADDRESS	157 Pridgeon
5.4 CITY-ST-ZIP	Interlachen, Fl. 32148
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy A. Jones* DATE: **2-3-97** FILE NO: **1-904-684-2036**

CR2E037 (9/96)