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**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 03/13/1986
4. FEI Number 59-2647566
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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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 **Barbara M. Hogue**
82 Street Address (P.O. Box Number is Not Acceptable) **111 Iron Ave.**
83
84 City **Interlachen** FL 85 **32148**

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 *Barbara M. Hogue* Corporate Treasurer DATE **1-26-98**

12. OFFICERS AND DIRECTORS

TITLE	P	MCLEAN, EARL	<input checked="" type="checkbox"/> DELETE
NAME		110 VELVET ST	
STREET ADDRESS		INTERLACHEN FL	
CITY-ST-ZIP			
TITLE	V	BRUCCOLIÈRE, MICHAEL	<input checked="" type="checkbox"/> DELETE
NAME		114 BOLL GREEN DRIVE	
STREET ADDRESS		INTERLACHEN FL 32148	
CITY-ST-ZIP			
TITLE	T	JONES, DOROTHY A	<input checked="" type="checkbox"/> DELETE
NAME		101 LILLY DRIVE - P.O. BOX 535	
STREET ADDRESS		INTERLACHEN FL 32148	
CITY-ST-ZIP			
TITLE	SD	CAZRKEWSKI, HELEN	<input type="checkbox"/> DELETE
NAME		133 REAVES AVE	
STREET ADDRESS		INTERLACHEN FL	
CITY-ST-ZIP			
TITLE	D	BRIDEAU, LARRY	<input type="checkbox"/> DELETE
NAME		157 PRIDGEON	
STREET ADDRESS		INTERLACHEN FL	
CITY-ST-ZIP			
TITLE	D	NIELSEN, RALPH	<input checked="" type="checkbox"/> DELETE
NAME		106 LILLY DRIVE - RT.3 BOX 400	
STREET ADDRESS		INTERLACHEN FL 32148	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Joseph Hogue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	111 Iron Ave.	
1.3 STREET ADDRESS	Interlachen FL 32148	
1.4 CITY-ST-ZIP		
2.1 TITLE	V Victor Gagne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	114 Velvet St.	
2.3 STREET ADDRESS	Interlachen FL 32148	
2.4 CITY-ST-ZIP		
3.1 TITLE	T Barbara Hogue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	111 Iron Ave.	
3.3 STREET ADDRESS	Interlachen FL 32148	
3.4 CITY-ST-ZIP		
4.1 TITLE	Czarkowski	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D Ruth Bairum	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	109 Lily Dr.	
6.3 STREET ADDRESS	Interlachen FL 32148	
6.4 CITY-ST-ZIP		

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara M. Hogue* **NOT REQUIRED** DATE: **1-26-98** (904) 684-3017

CR2E037 (10/97)