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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

3. Date Incorporated or Qualified

**03/13/1986**

4. FEI Number

**59-2647566**

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ 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 **Barbara M. Hogue**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**111 Iron Ave.**  
83  
84 City **Interlachen** FL **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*  
Signature, typed or printed name of registered agent and title if applicable.

*Corporate Treasurer*  
(NOTE: Registered Agent signature required when reinstating)

**1-26-98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **MCLEAN, EARL**  
STREET ADDRESS **110 VELVET ST**  
CITY-ST-ZIP **INTERLACHEN FL**

TITLE **V** ☒ DELETE  
NAME **BRUCCOLI, MICHAEL**  
STREET ADDRESS **114 BOLL GREEN DRIVE**  
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **T** ☒ DELETE  
NAME **JONES, DOROTHY A**  
STREET ADDRESS **101 LILLY DRIVE - P.O. BOX 535**  
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **SD** ☐ DELETE  
NAME **CAZREWSKI, HELEN**  
STREET ADDRESS **133 REAVES AVE**  
CITY-ST-ZIP **INTERLACHEN FL**

TITLE **D** ☐ DELETE  
NAME **BRIDEAU, LARRY**  
STREET ADDRESS **157 PRIDGEON**  
CITY-ST-ZIP **INTERLACHEN FL**

TITLE **D** ☒ 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 **Joseph Hogue** ☒ Change ☐ Addition  
1.2 NAME **111 Iron Ave.**  
1.3 STREET ADDRESS **Interlachen FL 32148**  
1.4 CITY-ST-ZIP

2.1 TITLE **V** ☒ Change ☐ Addition  
2.2 NAME **Victor Gagne**  
2.3 STREET ADDRESS **114 Velvet St.**  
2.4 CITY-ST-ZIP **Interlachen FL 32148**

3.1 TITLE **T** ☒ Change ☐ Addition  
3.2 NAME **Barbara Hogue**  
3.3 STREET ADDRESS **111 Iron Ave.**  
3.4 CITY-ST-ZIP **Interlachen FL 32148**

4.1 TITLE **Czarkowski** ☒ Change ☐ Addition  
4.2 NAME **sp**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Ruth Bairum**  
6.3 STREET ADDRESS **109 Lily Dr.**  
6.4 CITY-ST-ZIP **Interlachen FL 32148**

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*  
Signature, typed or printed name of registered agent and title if applicable.

**1-26-98**

**(904) 684-3017**

CR2E037 (10/97)