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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14247

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

2. Principal Place of Business

21 PALM SHORES

Suite, Apt. #, etc.

22 P.O. Box 562

City & State

23 INTERLACHEN, FL

Zip

24 32148

Country

25 Putnam

2a. Mailing Address

26 PALM SHORES

Suite, Apt. #, etc.

27 P.O. Box 562

City & State

28 INTERLACHEN, FL

Zip

29 32148

Country

30 Putnam

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

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

HOGUE, BARBARA A
111 IRON AVE
P.O. BOX 535
INTERLACHEN FL 32140

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 Barbara A. Hogue

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HOGUE, JOSEPH
STREET ADDRESS 111 IRON AVE
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☐ DELETE

NAME GAGNE, VICTOR
STREET ADDRESS 114 VELVET ST
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☐ DELETE

NAME HOGUE, BARBARA
STREET ADDRESS 111 IRON AVE
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☐ DELETE

NAME CZARKOWSKI, HELEN
STREET ADDRESS 133 REAVES AVE
CITY-ST-ZIP INTERLACHEN FL

TITLE ☐ DELETE

NAME BRIDEAU, LARRY
STREET ADDRESS 157 PRIDGEON
CITY-ST-ZIP INTERLACHEN FL

TITLE ☒ DELETE

NAME BAINUM, RUTH
STREET ADDRESS 109 LILY DR
CITY-ST-ZIP INTERLACHEN FL 32148

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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 ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D LAFIRIRA, ROGER
105 SALEM ST
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph M. Hogue 1-7-99 1-904-684-3017

CR2E037 (1/98)