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Feb 22, 1999 8:00 am
Secretary of State

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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 Mailing Address
 103 LILY DR. DELETED
 RT. 3 BOX 402 SEE BELOW
 INTERLACHEN FL 32148 DELETED
 US SEE BELOW

21	2a	3
Principal Place of Business PALM SHORES	Mailing Address PALM SHORES	Date Incorporated or Qualified 03/13/1986
Suite, Apt. #, etc. P.O. Box 562	Suite, Apt. #, etc. P.O. Box 562	4. FEI Number 59-2647566
City & State INTERLACHEN, FL.	City & State INTERLACHEN, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32148	Zip 32148	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country Putnam	Country Putnam	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOGUE, BARBARA A 111 IRON AVE P.O. BOX 535 INTERLACHEN FL 32140		81 Name	
<p style="text-align: center;">PLEASE NOTE CHANGE</p>		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 DATE 1-7-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HOGUE, JOSEPH	1.2 NAME	
STREET ADDRESS	111 IRON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V GAGNE, VICTOR	2.2 NAME	
STREET ADDRESS	114 VELVET ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HOGUE, BARBARA	3.2 NAME	
STREET ADDRESS	111 IRON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD CZARKOWSKI, HELEN	4.2 NAME	
STREET ADDRESS	133 REAVES AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRIDEAU, LARRY	5.2 NAME	
STREET ADDRESS	157 PRIDGEON	5.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BAINUM, RUTH	6.2 NAME	D LAFIRIA, ROGER
STREET ADDRESS	109 LILY DR	6.3 STREET ADDRESS	105 SALEM ST
CITY-ST-ZIP	INTERLACHEN FL 32148	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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Joseph M. Hogue 1-7-99 1-904-684-3017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)