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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15295** (1)

1. Corporation Name

PALAMAR OAKS VILLAS II, A CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
4305 NEPTUNE RD ST. CLOUD FL 34769 US	~~4305 NEPTUNE RD.~~ 100 Church St. ~~ST. CLOUD FL 34769~~ Kissimmee FL. 34741

3. Date Incorporated or Qualified: 06/06/1986

4. FEI Number: 59-2823190 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 100 Church St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Kissimmee FL
Zip 24 / Country 25	Zip 29 34741 / Country 30 USA

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	10. Name and Address of New Registered Agent
CUMBIE, FRED H.,II ~~4305 NEPTUNE RD.~~ ~~ST. CLOUD FL 34769~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100 Church Street 83 84 City Kissimmee FL 85 Zip Code 34741

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CUMBIE, FRED H.,II		1.2 NAME		
STREET ADDRESS	4305 NEPTUNE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILES, R. STEPHEN JR.		2.2 NAME		
STREET ADDRESS	4305 NEPTUNE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, ADDISON E.		3.2 NAME		
STREET ADDRESS	4313 NEPTUNE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, JAMES R		4.2 NAME		
STREET ADDRESS	4311 NEPTUNE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST.CLOUD FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUDD, KEVIN		5.2 NAME		
STREET ADDRESS	4301 NEPTUNE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [illegible] 3-18-98 407-847-5181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #