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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N15295

1. Corporation Name

PALAMAR OAKS VILLAS II, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4305 NEPTUNE RD
ST. CLOUD FL 34769
US

100 CHURCH ST
KISSIMMEE FL 34741
US

289559 - 90021 - 40



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/06/1986

4. FEI Number

59-2823190

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

9. Name and Address of Current Registered Agent

CUMBIE, FRED H., II
100 CHURCH ST
KISSIMMEE FL 34741

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CUMBIE, FRED H., II
STREET ADDRESS 4305 NEPTUNE RD
CITY-ST-ZIP ST. CLOUD FL ☐ DELETE

TITLE D
NAME MILES, R. STEPHEN JR.
STREET ADDRESS 4305 NEPTUNE RD
CITY-ST-ZIP ST. CLOUD FL ☐ DELETE

TITLE D
NAME WALKER, ADDISON E.
STREET ADDRESS 4313 NEPTUNE RD.
CITY-ST-ZIP ST. CLOUD FL ☐ DELETE

TITLE D
NAME WHITE, JAMES R
STREET ADDRESS 4311 NEPTUNE RD.
CITY-ST-ZIP ST. CLOUD FL ☐ DELETE

TITLE VPD
NAME RUDD, KEVIN
STREET ADDRESS 4301 NEPTUNE RD
CITY-ST-ZIP ST. CLOUD FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

3-30-99 407-892-5151

0073127

CR2E037 (11/98)