SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/0/95: $100 (IF PAID LATE, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:15

DOCUMENT # **N16600** **(1)**

1. Corporation Name

SOUTHERN PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1521 SW 47TH TERR APT 204 CAPE CORAL FL 33914	BARBARA A. HODGE 540 BUTTERCUP AVE VANDALIA OH 45377 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/02/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0156620** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HODGE, BARBARA A.
1521 SW 47TH TERRACE
APT 204
CAPE CORAL FL 33914

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: Eugene M. Kelly President 6/25/95
(Signature, name or initials of current Registered Agent and title if applicable) (New Registered Agent signature required when applicable) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	HODGE, BARBARA A.	12 NAME	
STREET ADDRESS	540 BUTTERCUP AVE	13 STREET ADDRESS	
CITY ST ZIP	VANDALIA OH	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	CASALINO, MICHAEL	22 NAME	
STREET ADDRESS	4 FROST AVE	23 STREET ADDRESS	
CITY ST ZIP	EDISON NJ	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, EUGENE M	32 NAME	
STREET ADDRESS	22 HEMLOCK LA	33 STREET ADDRESS	
CITY ST ZIP	NORTH BRUNSWICK NJ	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	SASSO, LYNN	42 NAME	
STREET ADDRESS	1521 SW 47 TERR #103	43 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eugene M. Kelly President 6/25/95 908-545-9257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E037 (3/95)

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