FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24971** **(6)**

1. Corporation Name
PALM RIVER MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
793 WALKERBILT E7 NAPLES FL 33963 US	793 WALKERBILT ROAD E7 NAPLES FL 33963 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1988
3a. Date of Last Report: 03/07/1994
4. FEI Number: 58-1775598 ☐ 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 ☒ **$68.75** Supplemental Fee Not Required
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	26 793 WALKERBILT RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 B7
City & State 23	City & State 28 NAPLES FL.
Zip 24 / Country 25	Zip 29 33963 / Country 30 U.S.

9. Name and Address of Current Registered Agent

BRYANT, EDWARD R
3301 DAVIS BLVD., SUITE 205
NAPLES FL 33942

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	P	11 TITLE	☐ Change ☐ Addition
NAME	JORGENSEN, HERBERT	12 NAME	
STREET ADDRESS	793 WALKERBILT ROAD, E7	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BLAKE, BERDINE	22 NAME	
STREET ADDRESS	693 WALKERBILT ROAD, C-10	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	KARRICK, ANN	32 NAME	ST CHARLES W CRAWFORD
STREET ADDRESS	793 WALKERBILT ROAD, D-8	33 STREET ADDRESS	793 WALKERBILT RD D7
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	NAPLES FL 33963
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CHONURA, LONGENE J.	42 NAME	
STREET ADDRESS	793 WALKERBILT RD E-17	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	WITHERS, ARTHR G.	52 NAME	D NORMA CHAK
STREET ADDRESS	793 WALKERBILT RD F-13	53 STREET ADDRESS	793 WALKERBILT RD F13
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	NAPLES FL 33963
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	STIMSON, WILLIAM T.	62 NAME	C W TIMES
STREET ADDRESS	793 WALKERBILT RD F-16	63 STREET ADDRESS	793 WALKERBILT RD F
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP	NAPLES FL 33963

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)(k), 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: CHARLES W. CRAWFORD 4-20-95 813-598-9516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061727