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 APR -7 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24972** **(4)**

1. Corporation Name
PALM LAKE OF NAPLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LEE JAY COLLING, ATTY. 20 N. ORANGE AVE., SUITE 700 ORLANDO FL 32801	3131 E TAMIAMI TRAIL LOT 65 NAPLES FL 33962 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1988
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0035177 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HENRY, SILVIA
3131 E TAMIAMI TRAIL
LOT #65
NAPLES FL 33962

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	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	SILVIA, HENRY	1.2 NAME	
STREET ADDRESS	3131 E TAMIAMI TR #65	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	DP ☒ Change ☐ Addition
NAME	HOYLE, HAROLD	2.2 NAME	WARD GEORGE
STREET ADDRESS	3131 EAST TAMIAMI TR #48	2.3 STREET ADDRESS	3131 EAST TAMIAMI TRL #56
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES FL 33962
TITLE	DS	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	ELLIOT, LEILA	3.2 NAME	CAMIO JOSIE
STREET ADDRESS	3131 EAST TAMIAMI TRAIL #31	3.3 STREET ADDRESS	3131 EAST TAMIAMI TRL #51
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES FL 33962
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	STOCKER, JENNY	4.2 NAME	
STREET ADDRESS	3131 EAST TAMIAMI TR #60	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Henry Silvia HENRY SILVIA 04-03-95 793-0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017813