

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24972 (4)
1. Corporation Name
PALM LAKE OF NAPLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3131 E TAMAMI TRAIL LOT 53 NAPLES FL 34112 US		Mailing Address 3131 E TAMAMI TRAIL LOT 49 NAPLES FL 34112 US		3. Date Incorporated or Qualified 02/23/1988	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0035177	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country 29		Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TORRES, MIRELLA 3131 E TAMAMI TRAIL, #49 PALM LAKE OF NAPLES HOME OWNERS NAPLES FL 34112		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	
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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 Mirella Torres (NOTE: Registered Agent signature required when reinstating) DATE 4-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SIELOFF, MILDRED		1.2 NAME	
STREET ADDRESS 3131 E TAMAMI TRAIL 53		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34112		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TORRES, MIRELLA		2.2 NAME	
STREET ADDRESS 3131 EAST TAMAMI TRL #49		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34112		2.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CAMIO, JOSE		3.2 NAME	
STREET ADDRESS 3131 EAST TAMAMI TRL #51		3.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MACEDO, SABINO		4.2 NAME	
STREET ADDRESS 3131 EAST TAMAMI TR #21		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34112		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Mildred Sieloff DATE: 4-28-98 DAYTIME PHONE: 941-775-2063

CR2E037 (10/97)