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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N24972

1. Corporation Name

PALM LAKE OF NAPLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3131 E TAMiami TRAIL  
LOT 53  
NAPLES FL 34112  
US

Mailing Address

3131 E TAMiami TRAIL  
LOT 49  
NAPLES FL 34112  
US



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

02/23/1988

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

9. Name and Address of Current Registered Agent

TORRES, MIRELLA  
3131 E TAMiami 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4-21-99

12. OFFICERS AND DIRECTORS

TITLE DT ☐ DELETE

NAME SIELOFF, MILDRED  
STREET ADDRESS 3131 E TAMiami TRAIL 53  
CITY-ST-ZIP NAPLES FL 34112

TITLE DP ☐ DELETE

NAME TORRES, MIRELLA  
STREET ADDRESS 3131 EAST TAMiami TRL #49  
CITY-ST-ZIP NAPLES FL 34112

TITLE DS ☐ DELETE

NAME CAMIO, JOSIE  
STREET ADDRESS 3131 EAST TAMiami TRL #51  
CITY-ST-ZIP NAPLES FL

TITLE VD ☐ DELETE

NAME MACEDO, SABINO  
STREET ADDRESS 3131 EAST TAMiami TR #21  
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Mildred SIELOFF*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-21-99 Daytime Phone #

CR2E037 (1/98)