

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 4:24

TALLAHASSEE, FLORIDA

DOCUMENT # N26817 (9)
1. Corporation Name
PALM COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**1004 SILVER PALM LANE
MAITLAND FL 32751**

Mailing Address

**1004 SILVER PALM LANE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/07/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2896303	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent

**SCHWARTZ, ERIC
1034 SILVER PALM LANE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BENNETT, DONALD H.	12 NAME	
STREET ADDRESS	1003 SILVER PALM LN	13 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GUERRERO, ELLEN	22 NAME	
STREET ADDRESS	1004 QUINWOOD LN	23 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, ERIC	32 NAME	
STREET ADDRESS	1034 SILVER PALM LN	33 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BARTLETT, MELLANIE	42 NAME	
STREET ADDRESS	1012 QUINWOOD LN	43 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND 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)(b), 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95

407-826-9328