

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N31402 (3)**

1. Corporation Name  
**PALM ISLE MOBILE HOME ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
C/O LEE JAY COLLING. ATTY.  
20 N. ORANGE AVE., STE. 1107  
ORLANDO FL 32801  
C/O LEE JAY COLLING. ATTY.  
20 N ORANGE AVE STE 700  
ORLANDO FL 32801  
US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified **03/28/1989** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2957501** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**COLLING, LEE JAY  
20 N ORANGE AVE  
STE 700  
ORLANDO FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WITTENBERG, PAUL</b>	
STREET ADDRESS	<b>1524 CURLESS AVE</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>NATION, JACK</b>	
STREET ADDRESS	<b>1507 CURLESS AVE</b>	
CITY-ST-ZIP	<b>APOKA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLLINSWORTH, RICHARD</b>	
STREET ADDRESS	<b>1503 HAWAIIAN PALM LANE</b>	
CITY-ST-ZIP	<b>APOPOKA FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>LESTER, KENNETH</b>	
STREET ADDRESS	<b>1539 ALBY DR.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COCHRAN, ROBERT</b>	
STREET ADDRESS	<b>1548 CURLESS AVE</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, RUSSELL D.</b>	
STREET ADDRESS	<b>1558 ALBY DR.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lester Schaad</b>	
1.3 STREET ADDRESS	<b>1517 Curless Ave.</b>	
1.4 CITY-ST-ZIP	<b>Apopka FL</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Rod Smith</b>	
2.3 STREET ADDRESS	<b>1522 Hawaiian Palm Lane</b>	
2.4 CITY-ST-ZIP	<b>Apopka FL</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Donald Fletke</b>	
3.3 STREET ADDRESS	<b>1551 Alby Dr.</b>	
3.4 CITY-ST-ZIP	<b>Apopka FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: JACK P. NATION DATE: 4/22/96 DAYTIME PHONE #: 407-889-7101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (12/95)