

**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 # N35381 (5)**

1. Corporation Name

**PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1221 HANCOCK CIR  
ST. CLOUD FL 34769  
US

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ST. CLOUD FL 34769  
US

3. Date Incorporated or Qualified **11/28/1989**      3a. Date of Last Report **08/10/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>NOT APPLICABLE</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		24		25	
				29		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BOESSEL, DON**  
1221 HANCOCK CIR  
ST. CLOUD FL 34769

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 Don Boessel / Pres.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOESSEL, DON	1.2 NAME	
STREET ADDRESS	1221 HANCOCK CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	1.4 CITY - ST - ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOFFNER, JACK	2.2 NAME	
STREET ADDRESS	2500-13TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, CARLEY A.	3.2 NAME	
STREET ADDRESS	2500 13TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, TERRY	4.2 NAME	
STREET ADDRESS	1245 HANCOCK CIR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	4.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, KAREN	5.2 NAME	
STREET ADDRESS	1265 HANCOCK CIR	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	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 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: Don Boessel      Don Boessel      4-30-96      407-933-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)