

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 1221 HANCOCK CIR ST. CLOUD FL 34769 US	Mailing Address 1221 HANCOCK CIR ST. CLOUD FL 34769-6768 US
--	---

3. Date Incorporated or Qualified 11/28/1989	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
--	---	---------------

9. Name and Address of Current Registered Agent BOESSEL, DON 1221 HANCOCK CIR ST. CLOUD FL 34769	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BOESSEL, DON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1221 HANCOCK CIR	CITY-ST-ZIP ST. CLOUD FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE DTS	NAME SHOFFNER, JACK	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2500-13TH ST	CITY-ST-ZIP ST. CLOUD FL	2.1 TITLE	
	<input checked="" type="checkbox"/> DELETE	2.2 NAME GARY PEARCE	
TITLE D	NAME PERRY, CARLEY A.	2.3 STREET ADDRESS 1205 HANCOCK CIR	
STREET ADDRESS 2500 13TH ST.	CITY-ST-ZIP ST. CLOUD FL	2.4 CITY-ST-ZIP ST CLOUD FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	
TITLE D	NAME KNIGHT, TERRY	3.2 NAME DON BONAZEE	
STREET ADDRESS 1245 HANCOCK CIR	CITY-ST-ZIP ST. CLOUD FL	3.3 STREET ADDRESS 1217 HANCOCK CIR	
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP ST CLOUD FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DST	NAME BULLOCK, KAREN	4.1 TITLE	
STREET ADDRESS 1285 HANCOCK CIR	CITY-ST-ZIP ST. CLOUD FL	4.2 NAME GARY SPARKS	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 1269 HANCOCK CIR	
TITLE		4.4 CITY-ST-ZIP ST CLOUD FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ DATE: **4/22/97** DAYTIME PHONE: **407-957-4029**

CR2E037 (9/96)