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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35381 (5)**  
1. Corporation Name  
**PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1221 HANCOCK CIR ST. CLOUD FL 34769 US</b>	Mailing Address <b>1221 HANCOCK CIR ST. CLOUD FL 34769 US</b>
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3. Date Incorporated or Qualified  
**11/28/1989**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BOESSEL, DON</b>
STREET ADDRESS	<b>1221 HANCOCK CIR</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PEARCE, GARY</b>
STREET ADDRESS	<b>1205 HANCOCK CIR.</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRAZEE, DON</b>
STREET ADDRESS	<b>1217 HANCOCK CIR.</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SPARKS, GARY</b>
STREET ADDRESS	<b>1289 HANCOCK CIR.</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>DST</b> <input type="checkbox"/> DELETE
NAME	<b>BULLOCK, KAREN</b>
STREET ADDRESS	<b>1285 HANCOCK CIR</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Turner, Gary</i>
STREET ADDRESS	<i>1201 Hancock Cir</i>
CITY-ST-ZIP	<i>St Cloud, Fl</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Sandra B. Mortham* 5-23-98 407-957-4179

CR2E037 (1097)