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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # **N38985** **(0)**

1. Corporation Name

PALM BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JACK G. WILLIAMS 502 HARMON AVE., P.O. BOX 2176 PANAMA CITY FL 32402	P.O. BOX 18318 PANAMA CITY FL 32417-8318 US

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 02/23/1995

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

4. FEI Number: 59-3023461 ☐ 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

WILLIAMS, JACK G -
502 HARMON AVE.
PANAMA CITY FL 32401

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CLARKE, JOHN R		1.2 NAME	GRABEN, NATHAN	
STREET ADDRESS	134 PALM HARBOUR BLVD.		1.3 STREET ADDRESS	8210 PALM COVE BLVD.	
CITY-ST-ZIP	PANAMA CITY BCH FL FL 32408		1.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL. 32408	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ACOBA, PRIMO		2.2 NAME	CLARKE, JOHN R	
STREET ADDRESS	159 PALM GROVE BLVD.		2.3 STREET ADDRESS	134 PALM HARBOUR BLVD	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408		2.4 CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	JONES, KATHLEEN B		3.2 NAME	PAUL, HENRY L.	
STREET ADDRESS	133 PALM CROSSINGS		3.3 STREET ADDRESS	8208 GRAND PALM BLVD	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408		3.4 CITY-ST-ZIP	PANAMA CITY BCH. FL 32408	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, JOHN		4.2 NAME	CARTER, PHILLIP	
STREET ADDRESS	8205 GRAND PALM BLVD.		4.3 STREET ADDRESS	150 PALM GROVE BLVD	
CITY-ST-ZIP	PANAMA CITY FL 32408		4.4 CITY-ST-ZIP	PANAMA CITY BCH, FL. 32408	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GRABEN, NATHAN		5.2 NAME	PRESLASKI, ALLEN	
STREET ADDRESS	8210 PALM COVE BLVD.		5.3 STREET ADDRESS	137 PALM GROVE BLVD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		5.4 CITY-ST-ZIP	PANAMA CITY BCH, FL. 32408	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: Henry L. Paul HENRY L. PAUL 2-21-96 904-234-5339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #