FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90075 027 ****61.25

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DOCUMENT # N38985

1. Corporation Name

PALM BAY HOMEOWNERS' ASSOCIATION, INC.

385652 - 90075 - 27

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/22/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3023461 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	VD	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	DOCTOR, DEBBIE		1.2 NAME	GRAINGER, HARRY	
STREET ADDRESS	8212 GRAND PALM BLVD		1.3 STREET ADDRESS	130 PALM HARBOUR BLVD	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408		1.4 CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	
TITLE	SD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	GINIGER, JILL		2.2 NAME	GALLIRA, JACK	
STREET ADDRESS	110 PALM CROSSINGS BLVD		2.3 STREET ADDRESS	136 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	SCHENCK, PHIL		3.2 NAME	WALLACE, MIKE	
STREET ADDRESS	114 PALM CROSSINGS		3.3 STREET ADDRESS	8207 GRAND BAY BLVD	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408		3.4. CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	
TITLE	PD	☑ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME	BEACH, SCOTT D		4.2 NAME	DECOTE, BECKY	
STREET ADDRESS	8221 GRAND BAY BLVD		4.3 STREET ADDRESS	8214 GRAND PALM	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, HEATHER		5.2 NAME		
STREET ADDRESS	148 PALM GROVE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		5.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: R. MICHAEL WALLACE ~~SIGNATURE REQUIRED~~ Michael Wallace 4/15/99 850-234-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)