


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004283 (8)**

1. Corporation Name

PALM COAST CORNERS OWNERS ASSOCIATION, INC.



Principal Place of Business CORPORATE DRIVE PALM COAST FL 32151	Mailing Address 1 CORPORATE DRIVE PALM COAST FL 32151-0001
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3. Date Incorporated or Qualified 09/16/1993	3a. Date of Last Report 05/01/1996
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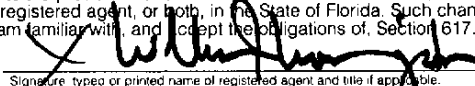
2. Principal Place of Business One Corporate Dr.	2a. Mailing Address One Corporate Dr.
21. Suite, Apt. #, etc. 3	26. Suite, Apt. #, etc. 3
22. City & State Palm Coast, FL	27. City & State Palm Coast, FL
23. Zip 32151	28. Zip 32151
24. Country FLA/GER	29. Country FLA/GER

4. FEI Number 59-3207403	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent ITT COMMUNITY DEVELOPMENT CORPORATION 1 CORPORATE DRIVE PALM COAST FL 32151	
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10. Name and Address of New Registered Agent Palm Coast Holdings, Inc One Corporate Dr., Suite 3 Palm Coast, FL 32151	
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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 PD	<input checked="" type="checkbox"/> DELETE
NAME MARTIN, LAWRENCE	
STREET ADDRESS 1 CORPORATE DRIVE	
CITY-ST-ZIP PALM COAST FL 32151	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME CUFF, ROBERT G	
STREET ADDRESS 1 CORPORATE DRIVE	
CITY-ST-ZIP PALM COAST FL 32151	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME GARDNER, JAMES E	
STREET ADDRESS 1 CORPORATION DR	
CITY-ST-ZIP PALM COAST FL 32151	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Bill Livingston	
1.3 STREET ADDRESS One Corporate Dr.	
1.4 CITY-ST-ZIP Palm Coast, FL 32151	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME David Lushy	
2.3 STREET ADDRESS One Corporate Dr.	
2.4 CITY-ST-ZIP Palm Coast FL 32151	
3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Eileen Linehan	
3.3 STREET ADDRESS One Corporate Dr.	
3.4 CITY-ST-ZIP Palm Coast, FL 32151	
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	

NOT AN ACTIVE ASSOCIATION

14. I do 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.

CR2E037 (9/96)