


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90010 003 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005365**

1. Corporation Name  
**PALM PLACE BY THE BAYSHORE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 2403 W. PALM DR. #8 TAMPA FL 33629	Mailing Address 2403 W. PALM DR. #8 TAMPA FL 33629
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/19/1993
22. City & State	27. City & State	4. FEI Number 59-3233220 Applied For Not Applicable
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HOPPE, LISA A  
 2403 W. PALM DR.  
 #2  
 TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name **CHARLES GARDNER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2403 W. PALM DRIVE # 1**

83

84 City **TAMPA** FL 85 Zip Code **33629**

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 **4/10/99**

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 <b>PD</b>	<input checked="" type="checkbox"/> DELETE NAME <b>DEDIEGO, TIMOTHY</b> STREET ADDRESS <b>2403 W PALM DR, #5</b> CITY-ST-ZIP <b>TAMPA FL 33629</b>	1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit 1.2 NAME <b>GARDNER, CHARLES</b> 1.3 STREET ADDRESS <b>2403 W. PALM DRIVE # 1</b> 1.4 CITY-ST-ZIP <b>TAMPA, FL 33629</b>
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE NAME <b>HOPPE, LISA A</b> STREET ADDRESS <b>2403 W. PALM DR, #2</b> CITY-ST-ZIP <b>TAMPA FL 33629</b>	2.1 TITLE <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit 2.2 NAME <b>GREGORY C. YADLEY</b> 2.3 STREET ADDRESS <b>2403 W. PALM DRIVE # 4</b> 2.4 CITY-ST-ZIP <b>TAMPA, FL 33629</b>
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE NAME <b>HAYS, BOB</b> STREET ADDRESS <b>2403 W PALM DR, #1</b> CITY-ST-ZIP <b>TAMPA FL 33629</b>	3.1 TITLE <b>ST A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit 3.2 NAME <b>ROBERT MORGAN</b> 3.3 STREET ADDRESS <b>2402 W. PALM DRIVE # 3</b> 3.4 CITY-ST-ZIP <b>TAMPA, FL 33629</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE	<input type="checkbox"/> DELETE	4.2 NAME
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE	<input type="checkbox"/> DELETE	5.2 NAME
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE	<input type="checkbox"/> DELETE	6.2 NAME
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ DATE **4/10/99** (813) 263-5306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #