

**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

**DOCUMENT # N93000005658 (0)**

1. Corporation Name

**PALM LAKE SOCIAL CLUB, INC.**



Principal Place of Business: 112 LANTANA LANE, PARRISH FL 34219, US  
Mailing Address: 112 LANTANA LANE, PARRISH FL 34219, US

3. Date Incorporated or Qualified: 12/13/1993  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 65-0452977  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: KLEIN, BETTY J., 106 LANTANA LANE, PARRISH FL 34219

10. Name and Address of New Registered Agent: Ed Dacheff, 106 Palm Lane East, Parrish, FL 34219

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: Ed Dacheff, Treasurer (with signature) DATE: 1-21-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: TC NAME: MAIN, GORDON D STREET ADDRESS: 344 BOUGAINVILLEA CIRCLE CITY-ST-ZIP: PARRISH FL 34219 <input checked="" type="checkbox"/> DELETE		1.1 TITLE: TT 1.2 NAME: Dacheff, Ed 1.3 STREET ADDRESS: 106 Palm Lane East 1.4 CITY-ST-ZIP: Parrish, Fl 34219 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TVC NAME: FARBER, JAMES STREET ADDRESS: 325 BOUGAINVILLEA CIRCLE CITY-ST-ZIP: PARRISH FL <input checked="" type="checkbox"/> DELETE		2.1 TITLE: T 2.2 NAME: Zorn, Diana 2.3 STREET ADDRESS: 130 Jacaranda Way 2.4 CITY-ST-ZIP: Parrish, Fl 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TS NAME: EUL, ARLENE STREET ADDRESS: 108 PALM BLVD CITY-ST-ZIP: PARRISH FL 34219 <input type="checkbox"/> DELETE		3.1 TITLE: TC 3.2 NAME: Don Franke 3.3 STREET ADDRESS: 112 Palm Blvd. 3.4 CITY-ST-ZIP: Parrish, Fl 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TT NAME: KLEIN, BETTY J. STREET ADDRESS: 106 LANTANA LANE CITY-ST-ZIP: PARRISH FL <input checked="" type="checkbox"/> DELETE		4.1 TITLE: TVC 4.2 NAME: Richard Burnham 4.3 STREET ADDRESS: 111 Orchard View Drive 4.4 CITY-ST-ZIP: Parrish, Fl 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TVC NAME: BURNHAM, RICHARD STREET ADDRESS: 111 ORCHARD VIEW DR CITY-ST-ZIP: PARRISH FL 34219 <input type="checkbox"/> DELETE		5.1 TITLE: T 5.2 NAME: Cherry, Herb 5.3 STREET ADDRESS: 225 Bougainvillea Dr. 5.4 CITY-ST-ZIP: Parrish, Fl 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TC NAME: FRANKE, DON STREET ADDRESS: 112 PALM BLVD CITY-ST-ZIP: PARRISH FL 34219 <input type="checkbox"/> DELETE		6.1 TITLE: T 6.2 NAME: Beverly Main 6.3 STREET ADDRESS: 168 Tiger Lilly Drive 6.4 CITY-ST-ZIP: Parrish, Fl 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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)(k), 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: Ed Dacheff (with signature) DATE: 1-21-96 DAYTIME PHONE #: (941) 776-0032

CR2E037 (12/95)