


FILE NOW: FILING FEE IS \$61.25

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Jan 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005658 (0)**  
 1. Corporation Name  
**PALM LAKE SOCIAL CLUB, INC.**



Principal Place of Business <b>112 LANTANA LANE PARRISH FL 34219 US</b>	Mailing Address <b>112 LANTANA LANE PARRISH FL 34219-8229 US</b>
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3. Date Incorporated or Qualified <b>12/13/1993</b>	3a. Date of Last Report <b>01/31/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number <b>65-0452977</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**DACHEFF, ED--  
 106 PALM LANE EAST  
 PARRISH FL 34219**

10. Name and Address of New Registered Agent  
 B1 Name **DACHEFF, EDWARD J.**  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
**106 PALM LANE EAST**  
 B3  
 B4 City **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 **Edward J. Dacheff, Treasurer** *Edward J. Dacheff* DATE **1/20/97**

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>TT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DACHEFF, ED</b>	1.2 NAME	<b>DACHEFF, EDWARD J.</b>
STREET ADDRESS	<b>106 PALM LANE EAST</b>	1.3 STREET ADDRESS	<b>106 PALM LANE EAST</b>
CITY-ST-ZIP	<b>PARRISH FL</b>	1.4 CITY-ST-ZIP	<b>PARRISH, FL. 34219</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZORN, DIANA</b>	2.2 NAME	<b>ZORN, DIANA</b>
STREET ADDRESS	<b>130 JACARANDA WAY</b>	2.3 STREET ADDRESS	<b>130 JACARANDA WAY</b>
CITY-ST-ZIP	<b>PARRISH FL</b>	2.4 CITY-ST-ZIP	<b>PARRISH, FL. 34219</b>
TITLE	<b>TC</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANDE, DON</b>	3.2 NAME	<b>SELZER, BETTY</b>
STREET ADDRESS	<b>112 PALM BLVD</b>	3.3 STREET ADDRESS	<b>105 ORCHID VIEW DR.</b>
CITY-ST-ZIP	<b>PARRISH FL</b>	3.4 CITY-ST-ZIP	<b>PARRISH, FL. 34219</b>
TITLE	<b>TVC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNHAM, RICHARD</b>	4.2 NAME	<b>BURNHAM, RICHARD</b>
STREET ADDRESS	<b>111 ORCHARD VIEW DR</b>	4.3 STREET ADDRESS	<b>111 ORCHID VIEW DR.</b>
CITY-ST-ZIP	<b>PARRISH FL</b>	4.4 CITY-ST-ZIP	<b>PARRISH, FL. 34219</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHERRY, HERB</b>	5.2 NAME	<b>BARRETT, SARAH</b>
STREET ADDRESS	<b>225 BOUGAINVILLEA DR</b>	5.3 STREET ADDRESS	<b>102 PALM LANE EAST</b>
CITY-ST-ZIP	<b>PARRISH FL</b>	5.4 CITY-ST-ZIP	<b>PARRISH, FL. 34219</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAIN, BEVERLY</b>	6.2 NAME	<b>HARROUN, ROGER</b>
STREET ADDRESS	<b>168 TIGER LILLY DR</b>	6.3 STREET ADDRESS	<b>130 PALM BLVD.</b>
CITY-ST-ZIP	<b>PARRISH FL</b>	6.4 CITY-ST-ZIP	<b>PARRISH, FL. 34219</b>

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.

SIGNATURE: *Edward J. Dacheff, Treasurer* DATE: **1/20/97** 941-776-0032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062192

CR2E037 (9/96)