

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 US</b>
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3. Date Incorporated or Qualified <b>12/13/1993</b>	
4. FEI Number <b>65-0452977</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**DACHEFF, EDWARD J.  
106 PALM LANE EAST  
PARRISH FL 34219**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>DACHEFF, EDWARD J.</b>
STREET ADDRESS	<b>106 PALM LANE EAST</b>
CITY-ST-ZIP	<b>PARRISH FL</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ZORN, DIANA</b>
STREET ADDRESS	<b>130 JACARANDA WAY</b>
CITY-ST-ZIP	<b>PARRISH FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>SELZER, BETTY</b>
STREET ADDRESS	<b>105 ORCHID VIEW DR</b>
CITY-ST-ZIP	<b>PARRISH FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BURNHAM, RICHARD</b>
STREET ADDRESS	<b>111 ORCHARD VIEW DR</b>
CITY-ST-ZIP	<b>PARRISH FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHERRY, HERB</b>
STREET ADDRESS	<b>225 BOUGAINVILLEA DR</b>
CITY-ST-ZIP	<b>PARRISH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARRETT, SARAH</b>
STREET ADDRESS	<b>102 PALM LANE EAST</b>
CITY-ST-ZIP	<b>PARRISH FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HARROUN, ROGER</b>
2.3 STREET ADDRESS	<b>130 PALM BOUDEVARD</b>
2.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D'ANGELO, ROBERT</b>
4.3 STREET ADDRESS	<b>201 BOUGAINVILLEA LANE</b>
4.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ROBERTS, EDWARD</b>
5.3 STREET ADDRESS	<b>332 BOUGAINVILLEA CIRCLE</b>
5.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)

ANNUAL REPORT 1998

PALM LAKE SOCIAL CLUB, INC. (DOCUMENT #93000005658 (0) )

112 LANTANA LANE  
PARRISH, FL 34219

BLOCK 13 Contd.

D  
HARROUN, RICHARD  
101 PALM LANE EAST  
PARRISH, FL. 34219

x Addition

*Edward J. Decker, Treasurer*

*2/02/98*

*941-776-0032*