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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005658

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
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 240228 - 90081 - 5



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/13/1993	4. FEI Number 65-0452977 Applied For 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
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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 NOVAK LARRY 82 Street Address (P.O. Box Number is Not Acceptable) 164 PALM BLVD 83 84 City PARRISH FL 85 Zip Code 34219
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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: Larry Novak (NOTE: Registered Agent signature required when reinstating) DATE: 2-8-1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: DACHEFF, EDWARD J. STREET ADDRESS: 106 PALM LANE EAST CITY-ST-ZIP: PARRISH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: NOVAK, LARRY 1.3 STREET ADDRESS: 164 PALM BLVD 1.4 CITY-ST-ZIP: PARRISH FL 34219
TITLE: CD	NAME: HARROUN, ROGER STREET ADDRESS: 130 PALM BLVD CITY-ST-ZIP: PARRISH FL 34219	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: HARROUN, RICHARD 2.3 STREET ADDRESS: 101 PALM LN EAST 2.4 CITY-ST-ZIP: PARRISH FL 34219
TITLE: SD	NAME: SELZER, BETTY STREET ADDRESS: 105 ORCHID VIEW DR CITY-ST-ZIP: PARRISH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: BOITNOTT, JOYCE 3.3 STREET ADDRESS: 159 BEGONIA TERRACE 3.4 CITY-ST-ZIP: PARRISH FL 34219
TITLE: VD	NAME: DANGELO, ROBERT STREET ADDRESS: 201 BOUGAINVILLE LN CITY-ST-ZIP: PARRISH FL 34219	<input type="checkbox"/> DELETE	4.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: DANGELA ROBERT 4.3 STREET ADDRESS: 201 BOUGAINVILLE LN 4.4 CITY-ST-ZIP: PARRISH FL 34219
TITLE: D	NAME: ROBERTS, EDWARD STREET ADDRESS: 332 BOUGAINVILLE CIR CITY-ST-ZIP: PARRISH FL 34219	<input type="checkbox"/> DELETE	5.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: ROBERTS, EDWARD 5.3 STREET ADDRESS: 332 BOUGAINVILLE CIR 5.4 CITY-ST-ZIP: PARRISH FL 34219
TITLE: D	NAME: BARRETT, SARAH STREET ADDRESS: 102 PALM LANE EAST CITY-ST-ZIP: PARRISH FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME: SELBY, BETTY 6.3 STREET ADDRESS: 316 BOUGAINVILLE CIR 6.4 CITY-ST-ZIP: PARRISH FL 34219

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: Katherine Harris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 02-08-1999 (941) 796-1367 DAYTIME PHONE #

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Annual Report 1999

Palm Lake Social Club, Inc. (Document #N93000005658)
112 Lantana Lane
Parrish FL 34219
US

BLOCK 13 Cont.

D
Moyer, Ronald
171 Palm Blvd.
Parrish FL 34219

x Addition