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 # **N94000001309 (3)**

1. Corporation Name

THE PALMTATION II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
415 CAPE CORAL PKWY CAPE CORAL FL 33914 US	840 WHEATLAND CTR RD SCOTTSVILLE NY 14546 US

3. Date Incorporated or Qualified: 03/11/1994

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 — Suite, Apt. #, etc. — 27

City & State — 23 — City & State — 28

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: ~~APPLIED FOR~~ 65-0567732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

POWELL, WILLIAM M ESQ
2002 DEL PRADO BLVD., SOUTH
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name: Jane Yeager Cheffy

82 Street Address (P.O. Box Number is Not Acceptable): 2375 Tamiami Trail North

83 Suite 207

84 City: Naples FL 85 Zip Code: 33940

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: Jane Yeager Cheffy — DATE: 4/29/96

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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, KATHLEEN M		1.2 NAME		
STREET ADDRESS	840 WHEATLAND CENTER RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSVILLE NY 14546		1.4 CITY-ST-ZIP		
TITLE	DVST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, ROBERT V		2.2 NAME		
STREET ADDRESS	840 WHEATLAND CENTER RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSVILLE NY 14546		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SNOW, ROBERT A		3.2 NAME		
STREET ADDRESS	5303 CHIQUITA BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: Kathleen V. Peterson — 4-25-96 — 716-889-3247

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