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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 14546-9741 US

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1004 S.W. 48TH TERRACE
Suite, Apt. #, etc. 22:
City & State 23: CAPE CORAL FLORIDA
Zip 24: 33904 Country 25: USA

2a. Mailing Address
26: 100 ROXWOOD DRIVE
Suite, Apt. #, etc. 27:
City & State 28: ROCHESTER NY
Zip 29: 14612 Country 30: USA

4. FEI Number: 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

CHEFFY, JANE Y
2375 TAMIAMI TRAIL NORTH
SUITE 207
NAPLES FL 33940

10. Name and Address of New Registered Agent

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

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 _____ DATE
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	DP	☐ Change ☒ Addition
NAME	PETERSON, KATHLEEN M		1.2 NAME	GENE SABOWSKI	
STREET ADDRESS	840 WHEATLAND CENTER RD.		1.3 STREET ADDRESS	3737 FALCONER KINDELL STAND ROAD	
CITY-ST-ZIP	SCOTTSVILLE NY 14546		1.4 CITY-ST-ZIP	FALCONER, NY 14733	
TITLE	DVST	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	PETERSON, ROBERT V		2.2 NAME	JOANNE CARLSON	
STREET ADDRESS	840 WHEATLAND CENTER RD.		2.3 STREET ADDRESS	524 HUNT ROAD W. E.	
CITY-ST-ZIP	SCOTTSVILLE NY 14546		2.4 CITY-ST-ZIP	JAMESTOWN, NY 14701	
TITLE	D	☒ DELETE	3.1 TITLE	DT	☐ Change ☒ Addition
NAME	SNOW, ROBERT A		3.2 NAME	FRED HUSSONG	
STREET ADDRESS	5303 CHIQUITA BLVD.		3.3 STREET ADDRESS	100 ROXWOOD DRIVE	
CITY-ST-ZIP	CAPE CORAL FL 33914		3.4 CITY-ST-ZIP	ROCHESTER NY 14612	
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 (9/96)

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: [signature] (FRED HUSSONG) 2/20/97 716-538-6833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0076584