

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:44

DOCUMENT # **N94000002545 (1)**

1. Corporation Name

**PALM LAKES AT FOXMOOR CONDOMINIUM ASSOCIATION, I  
NC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
5245 BIG PINE WAY FORT MYERS FL 33907

3. Date Incorporated or Qualified **05/20/1994** 3a. Date of Last Report  
4. FEI Number Applied For / Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **12734 Kenwood Ln** 26

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 Suite, Apt. #, etc. **# 32** 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 City & State **Ft Myers FL** 28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

24 Zip **33907** 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J  
700 N.W. 107TH AVE.  
MIAMI FL 33172**

81 Name **Michael Fleming**  
82 Street Address (P.O. Box Number is Not Acceptable) **12734-32 Kenwood Ln # 32**  
83  
84 City **Ft Myers FL** 85 Zip Code **33907**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/1/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>
NAME	<b>GOENAGA, ARMANDO J</b>
STREET ADDRESS	<b>5245 BIG PINE WAY, STE. 102</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33907</b>
TITLE	<b>DV</b>
NAME	<b>KLINE, JULIE</b>
STREET ADDRESS	<b>5245 BIG PINE WAY, STE. 102</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33907</b>
TITLE	<b>DST</b>
NAME	<b>MONTGOMERY, REBECCA</b>
STREET ADDRESS	<b>5245 BIG PINE WAY, STE. 102</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33907</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 110.07(3)(b), 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 its 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE **3/1/95** TELEPHONE NUMBER **813 539 7516**