

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FLORIDA STATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # N94000002545 (1)
 1. Corporation Name

PALM LAKES AT FOXMOOR CONDOMINIUM ASSOCIATION
 NC.



Principal Place of Business Mailing Address
 12734 KENWOOD LN SUITE 32 FT. MYERS FL 33907 US
 5245 BIG PINE WAY FORT MYERS FL 33907

3. Date Incorporated or Qualified 05/20/1994 3a. Date of Last Report 03/27/1995

2. Principal Place of Business 2a. Mailing Address
 21 3526 Palm Beach Blvd. 26 3526 Palm Beach
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 -- 27 --
 City & State City & State
 23 Ft Myers FL. 28 --
 Zip Country Zip Country
 24 33916 25 Lee 29 -- 30 --

4. FEI Number APPLIED FOR 650570575 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
 MICHAEL FLEMING
 12734-32 KENWOOD LN
 SUITE 32
 FT. MYERS FL 33907

10. Name and Address of New Registered Agent
 81 Name Richard L. LaPosta
 82 Street Address (P.O. Box Number is Not Acceptable) 3526 Palm Beach Blvd
 83
 84 City Ft. Myers FL 85 Zip Code 33916

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 Richard L. LaPosta C.A.M. Date 8/17/96
 (NOTE: Registered Agent signature required when transferring.)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | GOENAGA, ARMANDO J | |
| STREET ADDRESS | 5245 BIG PINE WAY, STE. 102 | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | KLING, JULIE | |
| STREET ADDRESS | 5245 BIG PINE WAY, STE. 102 | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | MONTGOMERY, REBECCA | |
| STREET ADDRESS | 5245 BIG PINE WAY, STE. 102 | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|---|
| 1.1 TITLE | PRESIDENT/D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | VIRGINIA R. KNAUB | |
| 1.3 STREET ADDRESS | 5831-101 CRYSTAL LAKE LN. | |
| 1.4 CITY-ST-ZIP | N. Ft. MYERS FL. 33917 | |
| 2.1 TITLE | V. PRES/D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | CHARLOTTE BESNER | |
| 2.3 STREET ADDRESS | 15600 CRYSTAL LAKE DR | |
| 2.4 CITY-ST-ZIP | N. Ft. MYERS, FL. 33917 | |
| 3.1 TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | MURRAY S. BERMAN | |
| 3.3 STREET ADDRESS | 5001-104 CRYSTAL LAKE DR | |
| 3.4 CITY-ST-ZIP | N. Ft. MYERS FL. 33917 | |
| 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 | 800001920648 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | -08/13/96--01126--003 | |
| 6.3 STREET ADDRESS | ***61.25 | |
| 6.4 CITY-ST-ZIP | | |

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 199.07(3)(a), 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: VIRGINIA R. KNAUB Date 7-18-96 Daytime Phone # 543-3594
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)