

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 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 # N94000002545 (1)

1. Corporation Name

PALM LAKES AT FOXMOOR CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business

Mailing Address

3526 PALM BEACH BLVD.
FT. MYERS FL 33916
US

3526 PALM BEACH BLVD.
FT. MYERS FL 33916-3722
US

3. Date Incorporated or Qualified
05/20/1994

3a. Date of Last Report
08/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BUIF SHORES COMMUNITY ASSOC MGT
LAPOSHA, RICHARD
3526 PALM BEACH BLVD.
FT. MYERS FL 33916

4. FFI Number
65-0570515

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KNAUB, VIRGINIA E	
STREET ADDRESS	5831-101 CRYSTAL LAKE LN.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	VD - Secy.	<input type="checkbox"/> DELETE
NAME	GESNER, CHARLOTTE	
STREET ADDRESS	15600 CRYSTAL LAKE LN.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	President	<input type="checkbox"/> DELETE
NAME	SILBERMAN, MURRAY	
STREET ADDRESS	5821-104 CRYSTAL LAKE LN.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	June Swallow	
1.3 STREET ADDRESS	15610-101 Crystal Lake Dr	
1.4 CITY-ST-ZIP	N. Ft. Myers FL 33917	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANICE SULLIVAN	
2.3 STREET ADDRESS	15600-103 Crystal Lake Dr	
2.4 CITY-ST-ZIP	N. Ft. Myers FL 33917	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HENRY WOLF	
3.3 STREET ADDRESS	5821-103 Crystal Lake Ln.	
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		<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 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 *[Handwritten Signature]*

CR2E037 (9/96)