

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002545 (1)

1. Corporation Name  
PALM LAKES AT FOXMOOR CONDOMINIUM ASSOCIATION, INC.



2. Principal Place of Business 1621 N. TAMiami TRAIL SUITE #5 N. FT. MYERS, FL 33903		2a. Mailing Address GULF SHORES C.A.M. 1621 N. TAMiami TRAIL SUITE #5 N. FT. MYERS, FL 33903		3. Date Incorporated or Qualified 05/20/1994	3a. Date of Last Report 08/13/1996
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. City & State
26. Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 65-0570515
				5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <i>GULF SHORES COMMUNITY ASSOC MAY</i> GULF SHORES C.A.M. 1621 N. TAMiami TRAIL SUITE #5 N. FT. MYERS, FL 33903				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)	21 N. TAMiami TRAIL #5				
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input checked="" type="checkbox"/> DELETE	PD KNAUB, VIRGINIA E 5831-101 CRYSTAL LAKE LN. N. FT. MYERS FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>TREAS.</i> JUNE SWALLOW
<input checked="" type="checkbox"/> DELETE	VD - Secy GESNER, CHARLOTTE 15600 CRYSTAL LAKE LN. N. FT. MYERS FL 33917		<i>15619-101 CRYSTAL LAKE DR N. FT. MYERS FL 33917</i>
<input checked="" type="checkbox"/> DELETE	<i>President</i> SILBERMAN, MURRAY 5821-104 CRYSTAL LAKE LN. N. FT. MYERS FL 33917		<i>ADDITON</i> PRESIDENT JANICE SULLIVAN 15620-103 CRYSTAL LAKE DRIVE N. FT. MYERS, FL 33917
<input type="checkbox"/> DELETE	300002747053--0 -01/20/99--01016--001 *****61.25 *****61.25		<i>ADDITON</i> VICE-PRESIDENT ROBERT BUSEY 15620-104 CRYSTAL LAKE DR N. FT. MYERS, FL 33917
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>SECRETARY</i> CHRISTOPHER SULLIVAN 15630 CRYSTAL LAKE DR N. FT. MYERS, FL 33917
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>(Signature)</i>

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 in an addition to Block 13 if added.

*MURRAY SILBERMAN*  
N. FT. MYERS, FL 33917  
11/10/98