

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90109 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002545**  
1. Corporation Name  
**PALM LAKES AT FOXMOOR CONDOMINIUM ASSOCIATION, I NC.**

Principal Place of Business 1621 N. TAMiami TRAIL SUITE 5 N. FT. MYERS FL 33903 US	Mailing Address 1621 N. TAMiami TRAIL SUITE 5 N. FT. MYERS FL 33903 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 05/20/1994	4. FEI Number 65-0570515 Applied For Not Applicable
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	

9. Name and Address of Current Registered Agent GULF SHORES COMMUNITY ASSOC MGMT 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) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWALLOW, JUNE	1.2 NAME	
STREET ADDRESS	15610-101 CRYSTAL LAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33917	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JANICE	2.2 NAME	BUSBY, ROBERT
STREET ADDRESS	15620-103 CRYSTAL LAKE DRIVE	2.3 STREET ADDRESS	15620-104 CRYSTAL LAKE DR.
CITY-ST-ZIP	N. FT. MYERS FL 33917	2.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSBY, ROBERT	3.2 NAME	GESNER, CHARLOTTE
STREET ADDRESS	15620-104 CRYSTAL LAKE DRIVE	3.3 STREET ADDRESS	15600-#102 CRYSTAL LAKE DR.
CITY-ST-ZIP	N. FT. MYERS FL 33917	3.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, CHRISTOPHER	4.2 NAME	SULLIVAN, JANICE
STREET ADDRESS	15630 CRYSTAL LAKE DRIVE	4.3 STREET ADDRESS	15620-103 CRYSTAL LAKE DR.
CITY-ST-ZIP	N FT MYERS FL 33917	4.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	REYNOLDS, DAVID
STREET ADDRESS		5.3 STREET ADDRESS	15610-103 CRYSTAL LAKE DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Charlotte Gesner* RE *Charlotte Gesner* 4/8/99 (941)9978114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0001135

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