

FILE NOW: FILING FEE IS \$61.25

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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003352 (1)
 1. Corporation Name
PALMER PARK OF COMMERCE ASSOCIATION, INC.



Principal Place of Business 7184 BENEVA RD. SARASOTA FL 34238	Mailing Address 7184 BENEVA RD. SARASOTA FL 34238
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3. Date Incorporated or Qualified 07/01/1994	
4. FEI Number 65-0525322	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Zip 30

9. Name and Address of Current Registered Agent
KNIGHT, MARK T
7184 BENEVA RD.
SARASOTA FL 34238

10. Name and Address of New Registered Agent
81 Name **Mark J. Bryn**
82 Street Address (P.O. Box Number is Not Acceptable)
One Biscayne Tower, Suite 3599
83 **2 South Biscayne Boulevard**
84 City **Miami** **FL** **85** Zip Code **33131**

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]* **April 28, 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HAGER, WILLIAM B	
STREET ADDRESS	7184 BENEVA RD.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, MARK T	
STREET ADDRESS	7184 BENEVA RD.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SNIFFEN, KIRBY K	
STREET ADDRESS	7184 BENEVA RD.	
CITY-ST-ZIP	SARASOTA FL 34238	
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	D,P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward Miller	
1.3 STREET ADDRESS	8588 Potter Park Drive, Suite 500	
1.4 CITY-ST-ZIP	Sarasota, Florida 34238	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elizabeth C. Beffert	
2.3 STREET ADDRESS	7184 Beneva Road	
2.4 CITY-ST-ZIP	Sarasota, Florida 34238	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scott Lynch	
3.3 STREET ADDRESS	3903 Northdale Boulevard, Suite 140E	
3.4 CITY-ST-ZIP	Tampa, Florida 33624	
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 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: *[Signature]* **John C. Strickroot, Jr.** **April 28, 1998** (305)371-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065580

CR2E037 (10/97)