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May 09 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 # N95000003224 (1)

1. Corporation Name

PALMETTO PALMS OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2700 ROCKY POINT DRIVE STE 101
TAMPA FL 33607

2700 ROCKY POINT DRIVE STE 101
TAMPA FL 33607

3. Date Incorporated or Qualified
07/03/1995

3a. Date of Last Report
07/29/1996

2. Principal Place of Business

2a. Mailing Address

21 531 Main Street
Suite, Apt. #, etc.

26 531 Main Street
Suite, Apt. #, etc.

22 Suite A

27 Suite A

23 Safety Harbor FL

28 Safety Harbor FL

24 34695 25 Pinellas

29 34695 30 Pinellas

4. FEI Number

59-3373723

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

10. Name and Address of New Registered Agent

SOLITAIRE, KATHLEEN D
2700 ROCKY POINT DRIVE STE 101
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

531 Main Street

83 Suite A

84 City Safety Harbor

FL

85 Zip Code

34695

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 IN 12

TITLE SD ☐ DELETE

NAME COOK, JOHN J
STREET ADDRESS 2700 ROCKY POINT DRIVE STE 101
CITY-ST-ZIP TAMPA FL 33607

TITLE PD ☐ DELETE

NAME SOLITAIRE, KATHLEEN D
STREET ADDRESS 2700 ROCKY POINT DRIVE STE 101
CITY-ST-ZIP TAMPA FL 33607

TITLE T ☐ DELETE

NAME JONES, CHRISTIE S P.A.
STREET ADDRESS 2700 ROCKY POINT DRIVE STE 101
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 531 Main Street - Suite A
1.4 CITY-ST-ZIP Safety Harbor FL 34695

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 531 Main Street - Suite A
2.4 CITY-ST-ZIP Safety Harbor FL 34695

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 531 Main Street - Suite A
3.4 CITY-ST-ZIP Safety Harbor FL 34695

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, changed, or on an attachment with an address.

CR2E037 (9/96)