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Jan 23 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 # **N95000003890 (9)**

1. Corporation Name

PALM BAY ATHLETIC ASSOCIATION, INC.



Principal Place of Business	Mailing Address
750 HIGHLAND AVENUE NW PALM BAY FL 32907	1762 PLANTATION CIR. PALM BAY FL 32909 US

3. Date Incorporated or Qualified	08/14/1995
4. FEI Number	59-3330737
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 599 Awin Circle SE	26 Suite, Apt. #, etc.
22 Palm Bay	27 City & State
23 Florida	28 Zip
24 32909	29 Country
25 Brevard	30 Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
REDMOND, THOMAS G 750 HIGHLAND AVENUE NW PALM BAY FL 32907

10. Name and Address of New Registered Agent
81 Name Thomas G. Redmond
82 Street Address (P.O. Box Number is Not Acceptable) 599 Awin Circle SE
83 Palm Bay, Florida
84 City Palm Bay FL 85 Zip Code 32909

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]* 1/12/98
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	<input type="checkbox"/> DELETE
NAME	PD REDMOND, MARY C
STREET ADDRESS	750 HIGHLAND AVENUE NW
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	<input type="checkbox"/> DELETE
NAME	SD REDMOND, THOMAS G
STREET ADDRESS	750 HIGHLAND AVENUE NW
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	<input type="checkbox"/> DELETE
NAME	VD DIOTTE, LORETTA R
STREET ADDRESS	870 AACHEN AVENUE NW
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	<input type="checkbox"/> DELETE
NAME	TD DIOTTE, PIERRE P
STREET ADDRESS	870 AACHEN AVENUE NW
CITY-ST-ZIP	PALM BAY FL 32907
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Redmond, Mary C
1.3 STREET ADDRESS	599 Awin Circle SE
1.4 CITY-ST-ZIP	Palm Bay, FL 32909
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Redmond, Thomas G
2.3 STREET ADDRESS	599 Awin Circle SE
2.4 CITY-ST-ZIP	Palm Bay, FL 32909
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD Diotte, Loretta R.
3.3 STREET ADDRESS	1762 Plantation Circle
3.4 CITY-ST-ZIP	Palm Bay, FL 32909
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Diotte, Pierre P
4.3 STREET ADDRESS	1762 Plantation Circle
4.4 CITY-ST-ZIP	Palm Bay, FL 32909
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: *Mary Redmond* 1/12/98 407-984-1846

CR2E037 (10/97)