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Feb 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000028 (8)

1. Corporation Name

PALMETTO LEISURE LAKE HOMEOWNERS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

438 KAISER DRIVE
PALMETTO FL 34221

438 KAISER DRIVE
PALMETTO FL 34221-5404



3. Date Incorporated or Qualified
01/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

165-0645929

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

TURLEY, CHRISTINA
438 KAISER DRIVE
PALMETTO FL 34221

81 Name

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

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

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 PD
NAME TURLEY, CHRISTINA
STREET ADDRESS 438 KAISER DRIVE
CITY - ST - ZIP PALMETTO FL 34221

☐ DELETE

1.1 TITLE DIRECTOR
1.2 NAME LILLIAN PAGE
1.3 STREET ADDRESS 147 SHADY LANE
1.4 CITY - ST - ZIP PALMETTO, FL 34221

☐ Change

☒ Addition

TITLE VD
NAME PORTER, GENE
STREET ADDRESS 483 CHURCH RD.
CITY - ST - ZIP PALMETTO FL 34221

☐ DELETE

2.1 TITLE DIRECTOR
2.2 NAME GERS CORLEY
2.3 STREET ADDRESS 115 LAKEVIEW DR
2.4 CITY - ST - ZIP PALMETTO, FL 34221

☐ Change

☒ Addition

TITLE SD
NAME STILTS, DON
STREET ADDRESS 143 SHADY LANE
CITY - ST - ZIP PALMETTO FL 34221

☐ DELETE

3.1 TITLE DIRECTOR
3.2 NAME DON BRECKLER
3.3 STREET ADDRESS 528 CENTRE ST
3.4 CITY - ST - ZIP PALMETTO, FL 34221

☐ Change

☒ Addition

TITLE TD
NAME RANDOLPH, DUANE
STREET ADDRESS 137 LAKEVIEW DR.
CITY - ST - ZIP PALMETTO FL 34221

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE D
NAME MARSHALL, AL
STREET ADDRESS 314 PEACE MANOR
CITY - ST - ZIP PALMETTO FL 34221

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE D
NAME SOUCY, JIM
STREET ADDRESS 383 QUIET WAY
CITY - ST - ZIP PALMETTO FL 34221

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

Date

722-5074

Daytime Phone # 0062249

CR2E037 (9/96)