


FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**01/03/1996**

4. FEI Number

**65-0645929**

Applied For

Not Applicable

2. Principal Place of Business

**21 143 SHADY LANE**

2a. Mailing Address

**28 143 SHADY LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

City & State

**23 PALMETTO, FL**

City & State

**28 PALMETTO, FL**

Zip

**24 34221**

Country

**25 MANATEE**

Zip

**29 34221**

Country

**30 MANATEE**

9. Name and Address of Current Registered Agent

**TURLEY, CHRISTINA  
438 KAISER DRIVE  
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81 Name

**GLENN M. STILTS**

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

**143 SHADY LANE**

83

84 City

**PALMETTO**

FL

85 Zip Code

**34221**

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 Glenna M. Stiltz (Glenna M. Stiltz) Secretary Feb. 11, 1998  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TURLEY, CHRISTINA	
STREET ADDRESS	438 KAISER DRIVE	
CITY - ST - ZIP	PALMETTO FL 34221	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PORTER, GENE	
STREET ADDRESS	483 CHURCH RD.	
CITY - ST - ZIP	PALMETTO FL 34221	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	STILTS, DON	
STREET ADDRESS	143 SHADY LANE	
CITY - ST - ZIP	PALMETTO FL 34221	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RANDOLPH, DUANE	
STREET ADDRESS	137 LAKEVIEW DR.	
CITY - ST - ZIP	PALMETTO FL 34221	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, LILLIAN	
STREET ADDRESS	147 SHADY LN	
CITY - ST - ZIP	PALMETTO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORLEY, GERI	
STREET ADDRESS	115 LAKEVIEW DR	
CITY - ST - ZIP	PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DON STILTS	
1.3 STREET ADDRESS	143 SHADY LANE	
1.4 CITY - ST - ZIP	PALMETTO, FL 34221	

2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GENE PORTER	
2.3 STREET ADDRESS	483 CHURCH ROAD	
2.4 CITY - ST - ZIP	PALMETTO, FL 34221	

3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Duane Randolph	
3.3 STREET ADDRESS	137 LAKEVIEW DRIVE	
3.4 CITY - ST - ZIP	PALMETTO, FL 34221	

4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GLENN M. STILTS	
4.3 STREET ADDRESS	143 SHADY LANE	
4.4 CITY - ST - ZIP	PALMETTO, FL 34221	

5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DON BRECKLER	
5.3 STREET ADDRESS	528 CENTRE STREET	
5.4 CITY - ST - ZIP	PALMETTO, FL 34221	

6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GEORGE NEVILLE	
6.3 STREET ADDRESS	104 LAKEVIEW DRIVE	
6.4 CITY - ST - ZIP	PALMETTO, FL 34221	

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: Glenna M. Stiltz Secretary Feb. 11, 1998 941/729-5595

CR2E037 (10/97)



• ATTACHMENT: PALMETTO LEISURE LAKE HOMEOWNERS ASSN, Inc.

#13.

7.1	DIRECTOR	(TITLE)	<input checked="" type="checkbox"/> ADDITION
7.2	GLORIA SOUCY	(NAME)	
7.3	383 QUIET WAY	(STREET ADDRESS)	
7.4	PALMETTO, FL 34221	(CITY, STATE, ZIP)	