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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000028

1. Corporation Name

PALMETTO LEISURE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

143 SHADY LANE
PALMETTO FL 34221
US

143 SHADY LANE
PALMETTO FL 34221
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25 MANATEE

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30 MANATEE

3. Date Incorporated or Qualified

01/03/1996

4. FEI Number

65-0645929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STILTS, GLENNA M
143 SHADY LANE
PALMETTO FL 34221

10. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	STILTS, DON	
STREET ADDRESS	143 SHADY LANE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, GENE	
STREET ADDRESS	483 CHURCH RD.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STILTS, DON	
STREET ADDRESS	143 SHADY LANE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RANDOLPH, DUANE	
STREET ADDRESS	137 LAKEVIEW DR.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRECKLER, DON	
STREET ADDRESS	528 CENTRE STREET	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEVILLE, GEORGE	
STREET ADDRESS	104 LAKEVIEW DRIVE	
CITY-ST-ZIP	PALMETTO FL 34221	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BART HUIZINGA	
1.3 STREET ADDRESS	529 CENTRE STREET	
1.4 CITY-ST-ZIP	PALMETTO, FL 34221	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLENNA M. STILTS	
2.3 STREET ADDRESS	143 SHADY LANE	
2.4 CITY-ST-ZIP	PALMETTO, FL 34221	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GLORIA SOUCY	
3.3 STREET ADDRESS	383 QUIET WAY	
3.4 CITY-ST-ZIP	PALMETTO, FL 34221	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLAIRE PODAVINI	
4.3 STREET ADDRESS	403 TROPIC DRIVE	
4.4 CITY-ST-ZIP	PALMETTO, FL 34221	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MAPLE GIRLING	
5.3 STREET ADDRESS	26 SHADY LANE	
5.4 CITY-ST-ZIP	PALMETTO, FL 34221	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOE ABBOTT	
6.3 STREET ADDRESS	390 QUIET WAY	
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, with all other like empowered.

SIGNATURE:

GLENNA M. STILTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENNA M. STILTS

March 20, 1999

941/729-5595

Date

Daytime Phone #

CR2E037 (11/98)