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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001228 (3)**

1. Corporation Name

**THREE PALMS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>C/O NORMAN STEIN 31245 THREE PALMS LN TAVARES FL 32778</b>	Mailing Address <b>C/O NORMAN STEIN 31245 THREE PALMS LN TAVARES FL 32778-5701</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/04/1996</b>	3a. Date of Last Report <b>3-4-96</b>
4. FEI Number <b>EIN 59-3374494</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GERKEN, SCOTT A C/O STONE &amp; GERKEN, P.A. 4850 N HWY 19A MT DORA FL 32757</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP STEIN, NORMAN 15007 OLD HWY 441 #12 TAVARES FL 32778</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DP STEIN, NORMAN 31245 THREE PALM LANE TAVARES, FL 32778</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENECKE, HENRY 15007 OLD HWY 441 #10 TAVARES FL 32778</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D HENECKE, HENRY 31237 THREE PALMS LANE TAVARES, FL 32778</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ABBOTT, RICHARD 15007 OLD HWY 441 #11 TAVARES FL 32778</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D ABBOTT, RICHARD 31241 THREE PALMS LANE TAVARES, FL 32778</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUTHRIE, ROY 15007 OLD HWY 441 #27 TAVARES FL 32778</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D NOTTMEIR, WILBERT 31234 MAYFAIR WAY TAVARES, FL 32778</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAILEY, RONALD 15007 OLD HWY 441 #32 TAVARES FL 32778</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D BAILEY, RONALD 31210 MAYFAIR WAY TAVARES, FL 32778</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GILMER, WILLIAM 15007 OLD HWY 441 #6 TAVARES FL 32778</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>V GILMAN, WILLIAM 31221 THREE PALMS LANE TAVARES, FL 32778</b> <input type="checkbox"/> Change <input type="checkbox"/> 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: Norman Stein **NORMAN STEIN** 1-25-97 3523431381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014871

CR2E037 (9/96)

Shirley Foster, Treasurer  
31240 Mayfair Way  
Tavares, Fl. 32778

Margaret Abbott, Secretary  
31241 Three Palms Lane  
Tavares, Fl. 32778