

FILE NOW: FILING FEE IS \$61.25

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Feb 05 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 # **N96000001228 (3)**

1. Corporation Name

THREE PALMS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
C/O NORMAN STEIN 31245 THREE PALMS LN TAVARES FL 32778		C/O NORMAN STEIN 31245 THREE PALMS LN TAVARES FL 32778	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	03/04/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3374494	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D RAYMOND SCHUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, NORMAN	1.2 NAME	31289 THREE PALMS
STREET ADDRESS	31245 THREE PALM LANE	1.3 STREET ADDRESS	TAVARES FL 32778
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D BEATRICE SKINNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENECKE, HENRY	2.2 NAME	31284 THREE PALMS
STREET ADDRESS	31237 THREE PALMS LANE	2.3 STREET ADDRESS	TAVARES FL 32778
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D MAURICE HODDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, RICHARD	3.2 NAME	31229 THREE PALMS LA
STREET ADDRESS	31241 THREE PALMS LANE	3.3 STREET ADDRESS	TAVARES FL 32778
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	P STEIN NORMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTTMEIR, WILBERT	4.2 NAME	31245 Three Palms La
STREET ADDRESS	31234 MAYFAIR WAY	4.3 STREET ADDRESS	Tavares Fl. 32778
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BAILEY, RONALD	5.2 NAME	
STREET ADDRESS	31210 MAYFAIR WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GILMAN, WILLIAM	6.2 NAME	
STREET ADDRESS	31221 THREE PALMS LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	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: Norman Stein 1-30-98 716 343 1381

CR2E037 (10/97)