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**Mar 09, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001228**

1. Corporation Name

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

Principal Place of Business

C/O NORMAN STEIN  
31245 THREE PALMS LN  
TAVARES FL 32778

Mailing Address

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	
22		27		59-3374494	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

GERKIN, SCOTT A  
C/O STONE & GERKEN, P.A.  
4850 N HWY 19A  
MT DORA FL 32757

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUL, RAYMOND	1.2 NAME	P Kenneth Shuttleworth
STREET ADDRESS	31289 THREE PALMS	1.3 STREET ADDRESS	31265 Three Palms Ln.
CITY-ST-ZIP	TAVARES FL 32778	1.4 CITY-ST-ZIP	TAVARES, Fla 32778
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODDER, MAURICE	2.2 NAME	P KENNETH SHUTTLEWORTH
STREET ADDRESS	31229 THREE PALMS LN	2.3 STREET ADDRESS	31265 THREE PALMS LN.
CITY-ST-ZIP	TAVARES FL 32778	2.4 CITY-ST-ZIP	TAVARES, FLA. 32778
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, NORMAN	3.2 NAME	
STREET ADDRESS	31245 THREE PALMS LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, RONALD	4.2 NAME	
STREET ADDRESS	31210 MAYFAIR WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMAN, WILLIAM	5.2 NAME	
STREET ADDRESS	31221 THREE PALMS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Kenneth Shuttleworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

Daytime Phone #

CR2E037 (11/98)