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Jun 25 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 # **N96000005976 (3)**

1. Corporation Name

PALM AIRE JAYCEES, INC.



Principal Place of Business	Mailing Address
2549 ROSE ST SARASOTA FL 34239-5429	P.O. BOX 187 SARASOTA FL 34230

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

65-0531536

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOWERY, JERREL E
333 S TAMAMI TRAIL
SUITE 291
SARASOTA FL 34285**

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	DP	<input type="checkbox"/> DELETE
NAME	AITKEN, VICTORIA M	
STREET ADDRESS	2549 ROSE ST	
CITY-ST-ZIP	SARASOTA FL 34239-5429	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEESIT, MARIA	
STREET ADDRESS	3232 RIVIERA DR	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	DEFORE, JOHN	
STREET ADDRESS	6271 TIMBERLAKE DR #8-1	
CITY-ST-ZIP	SARASOTA FL 34243	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	KYLE, KATHRYN L	
STREET ADDRESS	4515 26TH ST. WEST, APT. 813	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	HYMAN, CHERYL	
STREET ADDRESS	1837 ROBINHOOD	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VICTORIA AITKEN	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIA MEESIT	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TROY SCHEICHER	
3.3 STREET ADDRESS	5845 PAUMA PL.	
3.4 CITY-ST-ZIP	SARASOTA, FL. 34232	

4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MAVG ENRIGHT	
4.3 STREET ADDRESS	2115 IVY PLACE	
4.4 CITY-ST-ZIP	SARASOTA, FL. 34235	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an appointment with an address.

SIGNATURE:

Maria Meesit

MARIA MEESIT

6/15/98

941-927-3770

CP2E037 (10/97)