


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 24 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 # N96000006028 (2)**  
1. Corporation Name  
**PALM BAY OF SEMINOLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>10780 70TH AVENUE NORTH SEMINOLE FL 34642</b>	Mailing Address <b>10780 70TH AVENUE NORTH SEMINOLE FL 33772-6301</b>
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3. Date Incorporated or Qualified <b>11/26/1996</b>		3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

**9. Name and Address of Current Registered Agent**

**CAPOTE, BEATRIZ M  
1101 BRICKELL AVENUE  
17TH FLOOR  
MIAMI FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POE, STEPHEN E</b>	
STREET ADDRESS	<b>482 SOUTH 4TH AVE STE 625</b>	
CITY - ST - ZIP	<b>LOUISVILLE KY 40202</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUECHLER, DAVID B</b>	
STREET ADDRESS	<b>482 SOUTH 4TH AVE STE 625</b>	
CITY - ST - ZIP	<b>LOUISVILLE KY 40202</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMERGE, MICHAEL</b>	
STREET ADDRESS	<b>1980 CANADIANA CT</b>	
CITY - ST - ZIP	<b>DUNEDIN FL 34698</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Gregory K. McGrath</b>	
1.3 STREET ADDRESS	<b>7795 Copper Road</b>	
1.4 CITY - ST - ZIP	<b>Cincinnati, Ohio 45242</b>	
2.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Thomas McGrath</b>	
2.3 STREET ADDRESS	<b>7795 Cooper Road</b>	
2.4 CITY - ST - ZIP	<b>Cincinnati, Ohio 45242</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 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.

CR2E037 (9/96)

*[Handwritten signature]*  
7/24