


FILE NOW: FILING FEE IS \$61.25

FILED

Oct 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000006490 (3)**

1. Corporation Name

**THE PALMS NEIGHBORHOOD ASSOCIATION OF THE PALMS
AT HAMPTON LAKES, INC.**

Principal Place of Business

Mailing Address

**151 SOUTHHALL LANE, STE. 230
MAITLAND FL 32751**

**151 SOUTHHALL LANE, STE. 230
MAITLAND FL 32751**



3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

1416 CONCORD ST E.

2a. Mailing Address

P.O. Box 531010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FLA

City & State

MAITLAND, FLA

Zip

32753

Country

USA

Zip

32753-1010

Country

USA

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

**CENTEX REAL ESTATE CORPORATION
151 SOUTHHALL LANE, STE. 230
MAITLAND FL 32751**

81. Name

JACK HANSON

82. Street Address (P.O. Box Number is Not Acceptable)

1416 CONCORD ST. EAST

83. City & State

MAITLAND, FL

84. Zip

32753

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 is 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	DP	<input type="checkbox"/> DELETE
NAME	KNIGHT, PATRICK J	
STREET ADDRESS	151 SOUTHHALL LANE, STE. 230	
CITY-ST-ZIP	MAITLAND FL 32751	

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

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, RALPH	
STREET ADDRESS	151 SOUTHHALL LANE, STE. 230	
CITY-ST-ZIP	MAITLAND FL 32751	

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

TITLE	DST	<input type="checkbox"/> DELETE
NAME	MATTHAI, KAROLINE	
STREET ADDRESS	151 SOUTHHALL LANE, STE. 230	
CITY-ST-ZIP	MAITLAND FL 32751	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE

KAROLINE MATTHAI **KAROLINE MATTHAI** **9/21/98**

CR2E037 (10/97)