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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006490

1. Corporation Name

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

Principal Place of Business	Mailing Address
1416 CONCORD ST E ORLANDO FL 32803 US	P O BOX 531010 ORLANDO FL 32853-1010 US

2. Principal Place of Business 21 1416 Concord St. East	2a. Mailing Address 26 PO Box 531010	3. Date Incorporated or Qualified 11/17/1997 59-3553683
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable
City & State 23 Orlando FL	City & State 28 Orlando FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 32803 Country 25 US	Zip 29 32853-1010 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~HANSON, JACK~~
1416 CONCORD ST EAST
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: The Melrose Mgmt. Group
82 Street Address (P.O. Box Number is Not Acceptable)
83 1416 Concord St. East
84 City: Orlando FL 85 Zip Code: 32803

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 X J.B. Hanson 4/13/99
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	☐ DELETE	1.1 TITLE	O	☐ Change ☐ Addition
NAME	KNIGHT, PATRICK J		1.2 NAME	Patrick Knight	
STREET ADDRESS	~~151 SOUTHHALL LANE, STE. 230~~		1.3 STREET ADDRESS	385 Douglas Ave., St. 2000	
CITY-ST-ZIP	~~MAITLAND FL 32751~~		1.4 CITY-ST-ZIP	Altamonte Sprgs. FL 32714	
TITLE	DV	☐ DELETE	2.1 TITLE	O	☐ Change ☐ Addition
NAME	SMITH, RALPH		2.2 NAME	Ralph Smith	
STREET ADDRESS	~~151 SOUTHHALL LANE, STE. 230~~		2.3 STREET ADDRESS	same as above	
CITY-ST-ZIP	~~MAITLAND FL 32751~~		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE	O	☐ Change ☐ Addition
NAME	MATTHAI, KAROLINE		3.2 NAME	Karoline Matthai	
STREET ADDRESS	~~151 SOUTHHALL LANE, STE. 230~~		3.3 STREET ADDRESS	same as above	
CITY-ST-ZIP	~~MAITLAND FL 32751~~		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ~~SIGNATURE~~ Karoline Matthai 3-10-99 228-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #