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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001666

1. Corporation Name

PALM AVENUE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

1681 PALM AVENUE
 WINTER PARK FL 32789

Mailing Address

1681 PALM AVENUE
 WINTER PARK FL 32789



2. Principal Place of Business

21 1621 Palm Avenue

Suite, Apt. #, etc.

22

City & State

23 Winter Park, FL

Zip

24 32789

Country

25 Orange

2a. Mailing Address

26 1621 Palm Avenue

Suite, Apt. #, etc.

27

City & State

28 Winter Park, FL

Zip

29 32789

Country

30 Orange

3. Date Incorporated or Qualified

03/20/1998

4. FEI Number

59-34-99933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HALL, MARK
 UNIVERSITY OF CENTRAL FLORIDA
 STUDENT UNION - BUILDING 52 - ROOM 312
 ORLANDO FL

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

TITLE ☐ DELETE

NAME President and Director
 Mark Hall
 STREET ADDRESS 1621 Palm Avenue
 CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ DELETE

NAME Treasurer and Director
 Myrna Huthmacher
 STREET ADDRESS 1721 Palm Avenue
 CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ DELETE

NAME Secretary and Director
 Ginger VanValkenburgh
 STREET ADDRESS 1550 Palm Ave.
 CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ DELETE

NAME John Rogers
 STREET ADDRESS 1800 Sunset Avenue
 CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ DELETE

NAME Karen Shepard
 STREET ADDRESS 1610 Palm Avenue
 CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ DELETE

NAME Ed Payton
 STREET ADDRESS 1601 Palm Avenue
 CITY-ST-ZIP Winter Park, FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Director
 Helen Miller
 1.3 STREET ADDRESS 1431 Palm Ave.
 1.4 CITY-ST-ZIP Winter Park, FL 32789

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

407-823-2117

Daytime Phone #

CR2E037 (11/98)