
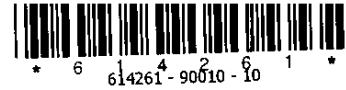


FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90021 043 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005924					
1. Corporation Name THE PALMS COUNTRY CLUB AND RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7961 FANTASY HEIGHTS BOULEVARD KISSIMMEE FL 34747			Mailing Address 7961 FANTASY HEIGHTS BOULEVARD KISSIMMEE FL 34747		



2. Principal Place of Business 21 7900 Palms Parkway Suite, Apt. #, etc. 22		2a. Mailing Address 26 7380 Sand Lake Rd. Suite, Apt. #, etc. 27 Suite 600 City & State 28 Orlando, FL Zip 29 32819 Country 30 USA		3. Date Incorporated or Qualified 10/16/1998 4. FEI Number 59-3543294 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input checked="" type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME LEVENTHAL, RON STREET ADDRESS 5259 W. OAKRIDGE ROAD CITY-ST-ZIP ORLANDO FL 32819			1.1 TITLE PD 1.2 NAME Farwell, Roger 1.3 STREET ADDRESS 5259 W. Oakridge Road 1.4 CITY-ST-ZIP Orlando, FL 32819		
TITLE VD NAME FARWELL, ROGER STREET ADDRESS 5259 W. OAKRIDGE ROAD CITY-ST-ZIP ORLANDO FL 32819			2.1 TITLE VD 2.2 NAME John Borresen 2.3 STREET ADDRESS 5259 W. Oakridge Road 2.4 CITY-ST-ZIP Orlando, FL 32819		
TITLE STD NAME RAINEY, ALAN STREET ADDRESS 5259 W. OAKRIDGE ROAD CITY-ST-ZIP ORLANDO FL 32819			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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

Date

Daytime Phone #

407-226-1000

CRZE037 (11/98)