FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29594** **(9)**

1. Corporation Name

PALMS OF LARGO INTERGENERATIONAL COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1712 HOPKINS CROSSROAD MINNETONKA MN 55305 US	1712 HOPKINS CROSSROAD MINNETONKA MN 55305 US

2. Principal Place of Business 21 200 Lake Avenue	2a. Mailing Address 26 1107 Hazeltine Blvd.	3. Date Incorporated or Qualified 06/01/1990	3a. Date of Last Report 01/30/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 200	4. FEI Number 41-1693569	☐ Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Largo, FL	City & State 28 Chaska, MN	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33771 / 25 U.S.	Zip / Country 29 55318 / 30 ~~[illegible]~~ US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HANKO, JACKIE		1.2 NAME	
STREET ADDRESS	200 LAKE AVE NE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RUTH		2.2 NAME	
STREET ADDRESS	307 HAMMOCK PINE BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, TERRY		3.2 NAME	
STREET ADDRESS	499 ALTERNATE KEENE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEAKES, BARBARA		4.2 NAME	
STREET ADDRESS	11795 66TH AVE NO		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANEY, WILLIAM		5.2 NAME	
STREET ADDRESS	400 ALTERNATE KEENE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CORCORAN, JANE		6.2 NAME	
STREET ADDRESS	455 MISSOURI AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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.