

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000009118 (7)

1. Corporation Name
PALOMINO VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
2005 TRADE CENTER WAY
NAPLES FL 33942

Mailing Address
2005 TRADE CENTER WAY
NAPLES FL 33942

3. Date Incorporated or Qualified 01/31/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0555287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 8080 Palomino Dr 22 Suite, Apt. #, etc. 23 Naples FL 24 34113	2a. Mailing Address 26 1104 N Collier Blvd 27 Suite, Apt. #, etc. 28 Marco Island FL 29 34145
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9. Name and Address of Current Registered Agent
THRUSHMAN, GENE
2005 TRADE CENTER WAY
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
Jamie B. Cressel 1104 N Collier Blvd Marco Island FL 34145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Jamie B. Cressel* (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	THRUSHMAN, GENE	1.2 NAME
STREET ADDRESS	2005 TRADE CENTER WAY	1.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	GORMAN, JAMES H.	2.2 NAME
STREET ADDRESS	2005 TRADE CENTER WAY	2.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PID	Stumbo, Phil	8062 Palomino Drive	Naples, FL 34113	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP/D	Galante, Lou	8050 Palomino Drive	Naples, FL 34113	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	Seaman, Doris	8071 Palomino Dr	Naples, FL 34113	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	Canonica, MARK	8070 Palomino Dr	Naples, FL 34113	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
I	Fareth, Joe	8003 Palomino Dr	Naples, FL 34113	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip R. Stumbo* PHILIP R. STUMBO AS-PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/21/97 (941) 743-8057 DAYTIME PHONE

CR2E034 (9/96)