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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90232 016 ***150.00

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DOCUMENT # **P95000037875**

1. Corporation Name

PALM BAY LANDOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 409 ISLAMORADA FL 33036	P.O. BOX 409 ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/11/1995

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **65-0584401**	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24] / Country [25]	Zip [29] / Country [30]	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLMSTEAD, NANCY J. 153 SAPODILLA DRIVE ISLAMORADA FL 33036	[81] Name — [82] Street Address (P.O. Box Number is Not Acceptable) 452 Pompano Dr [83] [84] City JUpiTer FL [85] Zip Code 33458

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 _____ 3/8/99
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 P NAME OLMSTEAD, NANCY J STREET ADDRESS 153 SAPODILLA DRIVE CITY-ST-ZIP ISLAMORADA FL 33036 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	John & Nancy Olmstead 952 Pompano Dr Jupiter FL 33458-4311	☑ Change ☐ Addition
TITLE V NAME OLMSTEAD, JOHN J STREET ADDRESS 153 SAPODILLA DRIVE CITY-ST-ZIP ISLAMORADA FL 33036 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	John & Nancy Olmstead 952 Pompano Dr Jupiter FL 33458-4311	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (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 607, 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: _____ 3/8/99   752 362-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #