

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P96000102142 (2)

1. Corporation Name
PALMETTO DUNES, INC.



Principal Place of Business

3300 S HIWASSEE RD
SUITE 107
ORLANDO FL 32835

Mailing Address

3300 S HIWASSEE RD
SUITE 107
ORLANDO FL 32835-6150

3. Date Incorporated or Qualified
12/18/1996

3a. Date of Last Report

4. FEI Number
59-3424585

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

P.O. Box 4461

Orlando, FL

32802-4461

USA

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

B&C CORP SERVICES OF CENTRAL FLORIDA, INC
390 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME: D CHIRA, LEE
STREET ADDRESS: 3300 S HIWASSEE RD, STE 107
CITY-ST-ZIP: ORLANDO FL 32835

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME: P. Lee Chira
1.3 STREET ADDRESS: 3300 S. Hiwassee Rd., #107
1.4 CITY-ST-ZIP: Orlando FL 32835

2.1 TITLE
2.2 NAME: V. Is Charles S. Carlton
2.3 STREET ADDRESS: 3300 S. Hiwassee Rd., #107
2.4 CITY-ST-ZIP: Orlando FL 32835

3.1 TITLE
3.2 NAME: V. IT Steven G. Kropp
3.3 STREET ADDRESS: 3300 S. Hiwassee Rd., #107
3.4 CITY-ST-ZIP: Orlando FL 32835

4.1 TITLE
4.2 NAME: V. AS E. Joseph McKinney
4.3 STREET ADDRESS: 3300 S. Hiwassee Rd., #107
4.4 CITY-ST-ZIP: Orlando FL 32835

5.1 TITLE
5.2 NAME: V Thomas Lawler
5.3 STREET ADDRESS: 3300 S. Hiwassee Rd., #107
5.4 CITY-ST-ZIP: Orlando FL 32835

6.1 TITLE
6.2 NAME: V David Willner
6.3 STREET ADDRESS: 3300 S. Hiwassee Rd., #107
6.4 CITY-ST-ZIP: Orlando FL 32835

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: David Willner

4-25-97 407-297-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001024

CR2E034 (9/96)