

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **769588** (5)
1. Corporation Name
THE PALMS ESTATES OF HIGHLANDS COUNTY, INC.

95 JAN 23 AM 8: 57

Principal Place of Business Mailing Address
BAY STREET BAY STREET
P.O. BOX 364 P.O. BOX 364
LORIDA FL 33857 LORIDA FL 33857

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **07/27/1983** 3a. Date of Last Report **05/13/1994**
4. FEI Number **59-2412625** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
VACHA, JOEL G
102 CANAL STREET
LORIDA FL 33857

10. Name and Address of New Registered Agent
81 Name **VACHA, JOEL G**
82 Street Address (P.O. Box Number is Not Acceptable) **117 FIRST STREET P.O. BOX 364**
83 **LORIDA, FL 33857**
84 City **FL** 85 Zip Code **33857**

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BOSSERMAN, WILLIS O.
STREET ADDRESS	157 CANAL ST., BOX 265
CITY-ST-ZIP	LORIDA FL
TITLE	VD
NAME	HAWORTH, PAUL
STREET ADDRESS	142 CAMA; ST/ BPX 548
CITY-ST-ZIP	LORIDA FL
TITLE	VD
NAME	ZIMMERMAN, CHARLES J
STREET ADDRESS	2742 MELON LN
CITY-ST-ZIP	SEBRING FL
TITLE	TD
NAME	BROUGHER, OLIN H.
STREET ADDRESS	149 FIRST ST BOX 476
CITY-ST-ZIP	LORIDA FL
TITLE	SD
NAME	WEAVER, ENID
STREET ADDRESS	137 FORST ST/ BOX 603
CITY-ST-ZIP	LORIDA FL
TITLE	M
NAME	VACHA, JOEL G
STREET ADDRESS	102 CANAL ST. BOX 364
CITY-ST-ZIP	LORIDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAWORTH, PAUL B
1.3 STREET ADDRESS	142 CANAL ST. P.O. BOX 548
1.4 CITY-ST-ZIP	LORIDA, FL 33857 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZIMMERMAN, CHARLES J
2.3 STREET ADDRESS	2742 MELON LANE
2.4 CITY-ST-ZIP	SEBRING, FL 33870
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALEXANDER, CHARLES E
3.3 STREET ADDRESS	110 CANAL ST. P.O. BOX 551
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joel G. Vacha Exec. Director 1/14/95 (813) 655-1909
Date Officer/Trustee #