

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769588 (5)

1. Corporation Name
THE PALMS ESTATES OF HIGHLANDS COUNTY, INC.



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

3. Date Incorporated or Qualified: 07/27/1983
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business 21 117 FIRST STREET Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 364 Suite, Apt. #, etc.	4. FEI Number 59-2412625	Applied For Not Applicable
22 City & State 23 LORIDA, FLORIDA	27 City & State 28 LORIDA, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33857 25 USA	29 33857 30 USA	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			

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: JOEL G. VACHA 82 Street Address (P.O. Box Number is Not Acceptable): 117 FIRST STREET 83 City: LORIDA, 84 State: FL 85 Zip Code: 33857
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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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: HAWORTH, PAUL B. STREET ADDRESS: 142 CANAL ST. P. O. BOX 548 CITY-ST-ZIP: LORIDA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ZIMMERMAN, CHARLES J. STREET ADDRESS: 2742 MELON LANE CITY-ST-ZIP: SEBRING FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ALEXANDER, CHARLES E. STREET ADDRESS: 110 CANAL ST. P. O. BOX 551 CITY-ST-ZIP: LORIDA FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BROUGH, OLIN H. STREET ADDRESS: 149 FIRST ST BOX 476 CITY-ST-ZIP: LORIDA FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: HAROLD E. SPRINGER 4.3 STREET ADDRESS: 106 CANAL STREET 4.4 CITY-ST-ZIP: LORIDA, FLORIDA 33857	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: WEAVER, ENID STREET ADDRESS: 137 FORST ST/ BOX 603 CITY-ST-ZIP: LORIDA FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: M NAME: VACHA, JOEL G STREET ADDRESS: 102 CANAL ST. BOX 364 CITY-ST-ZIP: LORIDA FL	<input type="checkbox"/> DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joel G. Vacha - Exec. Dir. JOEL G. VACHA Date: 2/23/96 941-655-1909 Daytime Phone #

CR2E037 (12/95)