

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 19 1997 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra S. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>117 FIRST STREET<br/>LORIDA FL 33857<br/>US</b> | Mailing Address<br><b>P.O. BOX 364<br/>LORIDA FL 33857-0364<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/27/1983</b> | 3a. Date of Last Report<br><b>02/27/1996</b> |
|--|--|

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>59-2412625</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired<br><input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                  |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                     |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             | Zip<br><b>29</b>   | Country<br><b>30</b>                                   |

|   |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

**9. Name and Address of Current Registered Agent**

**VACHA, JOEL G  
117 FIRST STREET  
LORIDA FL 33857**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> Zip Code   |

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 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>HAWORTH, PAUL B.</b>            |                                 |
| STREET ADDRESS | <b>142 CANAL ST. P. O. BOX 548</b> |                                 |
| CITY-ST-ZIP    | <b>LORIDA FL</b>                   |                                 |
| TITLE          | <b>VD</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>ZIMMERMAN, CHARLES J.</b>       |                                 |
| STREET ADDRESS | <b>2742 MELON LANE</b>             |                                 |
| CITY-ST-ZIP    | <b>SEBRING FL</b>                  |                                 |
| TITLE          | <b>VD</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>ALEXANDER, CHARLES E.</b>       |                                 |
| STREET ADDRESS | <b>110 CANAL ST. P. O. BOX 551</b> |                                 |
| CITY-ST-ZIP    | <b>LORIDA FL</b>                   |                                 |
| TITLE          | <b>TD</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>SPRINGER, HAROLD E.</b>         |                                 |
| STREET ADDRESS | <b>106 CANAL STREET</b>            |                                 |
| CITY-ST-ZIP    | <b>LORIDA FL</b>                   |                                 |
| TITLE          | <b>SD</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>WEAVER, ENID</b>                |                                 |
| STREET ADDRESS | <b>137 FORST ST/ BOX 603</b>       |                                 |
| CITY-ST-ZIP    | <b>LORIDA FL</b>                   |                                 |
| TITLE          | <b>M</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>VACHA, JOEL G</b>               |                                 |
| STREET ADDRESS | <b>102 CANAL ST. BOX 364</b>       |                                 |
| CITY-ST-ZIP    | <b>LORIDA FL</b>                   |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>M</b>   |
| 6.3 STREET ADDRESS | <b>VACHA, JOEL G</b>   |
| 6.4 CITY-ST-ZIP    | <b>117 FIRST ST. BOX 364<br/>LORIDA, FL 33857</b>                            |

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

SIGNATURE: *Joel G. Vacha* DIRECTOR **2-14-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064004

CR2E037 (9/96)