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03-01-1999 90024 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769588

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

Principal Place of Business 117 FIRST STREET LORIDA FL 33857 US	Mailing Address P.O. BOX 364 LORIDA FL 33857 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/27/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2412625
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 81 Name VACHA, SHAROLE A. 82 Street Address (P.O. Box Number is Not Acceptable) 117 FIRST STREET 83 84 City LORIDA 85 Zip Code FL 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 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 Sharole A. Vacha Manager/Director 2/4/99
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 PD	HARSH, NORMAN 157 FORST STREET LORIDA FL 33857	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	ZIMMERMAN, CHARLES J. 2742 MELON LANE SEBRING FL	1.2 NAME	
TITLE VD	ALEXANDER, CHARLES E. 110 CANAL ST. P. O. BOX 551 LORIDA FL	1.3 STREET ADDRESS	157 FIRST STREET
TITLE TD	SPRINGER, HAROLD E. 106 CANAL STREET LORIDA FL	1.4 CITY-ST-ZIP	
TITLE SD	HURST, MARTHA 202 CANAL STREET LORIDA FL 33857	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE M	VACHA, JOEL G 117 FIRST ST BOX 364 LORIDA FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	HAWORTH, PAUL
		3.3 STREET ADDRESS	142 CANAL ST PO.548
		3.4 CITY-ST-ZIP	LORIDA, FL 33857
		4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	SPRINGER, HAROLD E.
		4.3 STREET ADDRESS	15550 BURNT STORE RD
		4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955
		5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	MCCAMAN, SAMUEL
		5.3 STREET ADDRESS	114 CANAL STREET po 1095
		5.4 CITY-ST-ZIP	LORIDA, FL 33857
		6.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	VACHA, SHAROLE A
		6.3 STREET ADDRESS	117 FIRST ST BOX 364
		6.4 CITY-ST-ZIP	LORIDA, FL 33857

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 617, 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: Sharole A. Vacha Sharole A. Vacha 2/4/99 941-655-1909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)