

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 769588

1. Entity Name

THE PALMS ESTATES OF HIGHLANDS COUNTY, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-28-2000 90077 008 ****61.25

Principal Place of Business 117 FIRST STREET LORIDA FL 33857 US	Mailing Address P.O. BOX 364 LORIDA FL 33857-0364 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2412625	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VACHA, SHAROLE A~~
Johnson, Agatha
 117 FIRST STREET
 LORIDA FL 33857

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Agatha Johnson (NOTE: Registered Agent signature required when reinstating)
 DATE 3/16/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D HARSH, NORMAN 157 FIRST STREET LORIDA FL 33857	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIMMERMAN, CHARLES J. 2742 MELON LANE SEBRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAWORTH, PAUL 142 CANAL ST., P.O. BOX 548 LORIDA FL 33857	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPRINGER, HAROLD E 15550 BURNT STORE RD PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD D MCCAMAN, SAMUEL 114 CANAL STREET, P.O. BOX 1095 LORIDA FL 33857	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VACHA, SHAROLE A 117 FIRST ST BOX 364 LORIDA FL 33857	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D DEAN, CHARLES 140 First STREET LORIDA FL 33857	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D MDHLER, DRPHA 133 FIRST STREET LORIDA FL 33857	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, WRETHA 102 LIVE DAK LORIDA FL 33857	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Johnson, AGATHA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Agatha Johnson (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: 3/16/00
 DAYTIME PHONE #: 863.655.1909

CR2E037 (9/99)