

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90162 026 \*\*\*\*61.25

**DOCUMENT # 769588**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2412625**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORNEY, RICHARD P  
117 FIRST STREET  
LORIDA FL 33857**

Name **HARRY C. JOHNSON**

Street Address (P.O. Box Number is Not Acceptable)

**117 FIRST STREET**

City **LORIDA**

**FL**

Zip Code **33857**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HARRY C. JOHNSON**

*Harry C. Johnson*

*January 30, 2003*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
NAME **HARSH, NORMAN**  
STREET ADDRESS **P O BOX 157**  
CITY-ST-ZIP **LORIDA FL 33857**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **WALTER, GINGRICH**  
STREET ADDRESS **3651 US HWY 27 S #583**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **MORRIS, ELZIE**  
STREET ADDRESS **126 CANAL ST PO BOX 82**  
CITY-ST-ZIP **LORIDA FL 33857**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **PRICE, WRETHA**  
STREET ADDRESS **102 LIVE OAK- P O BOX 847**  
CITY-ST-ZIP **LORIDA FL 33857**

TITLE **S**  Change  Addition  
NAME **JANET DEAN**  
STREET ADDRESS **1716 LAUREL DR P.O. BOX 563**  
CITY-ST-ZIP **LORIDA, FL 33857**

TITLE **T**  Delete  
NAME **MCCAMAN, SAMUEL**  
STREET ADDRESS **114 CANAL STREET, P.O. BOX 1095**  
CITY-ST-ZIP **LORIDA FL 33857**

TITLE **T**  Change  Addition  
NAME **RAY BAUMAN**  
STREET ADDRESS **213 FIRST STREET PO BOX 595**  
CITY-ST-ZIP **LORIDA FL 33857**

TITLE **M**  Delete  
NAME **FORNEY, RICHARD P**  
STREET ADDRESS **117 FIRST ST BOX 364**  
CITY-ST-ZIP **LORIDA FL 33857**

TITLE **M**  Change  Addition  
NAME **HARRY C. JOHNSON**  
STREET ADDRESS **117 FIRST STREET PO BOX 364**  
CITY-ST-ZIP **LORIDA FL 33857**

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.

CR2E037 (10/02)

SIGNATURE: *Harry C. Johnson* **HARRY C. JOHNSON 1-30-03 863-655-1909**