

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:14

DOCUMENT # **N14247** (3)

1. Corporation Name
PALM SHORES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**109 LILY DR.
RT. 3, BOX 525
INTERLACHEN FL 32148**

3. Date Incorporated or Qualified **03/13/1986** 3a. Date of Last Report **03/30/1994**
4. FEI Number **59-2647566** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **103 LILY DR.** 26 **103 LILY DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **RT. 3 BOX 402** 27 **RT. 3 BOX 402**
City & State City & State
23 **INTERLACHEN, FL.** 28 **INTERLACHEN, FL.**
Zip Country Zip Country
24 **32148** 25 **FLORIDA** 29 **32148** 30 **FLORIDA**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BAINUM, RUTH
109 LILY DR.
INTERLACHEN FL 32148**

10. Name and Address of New Registered Agent
81 Name **RENE ST. SAUVEUR**
82 Street Address (P.O. Box Number is Not Acceptable) **103 LILY DR.**
83 **INTERLACHEN, FL.**
84 City **FL** 85 Zip Code **32148**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **RENE W. ST. SAUVEUR CORPORATE TREASURER** *René W. St. Sauveur* 1-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D |
| NAME | BRADSHAW, EDWARD |
| STREET ADDRESS | 110 ASH |
| CITY - ST - ZIP | INTERLACHEN FL 32148 |
| TITLE | VD |
| NAME | GAGNE, VICTOR |
| STREET ADDRESS | RT. 3 BOX 534 114 VELVET STREET |
| CITY - ST - ZIP | INTERLACHEN FL |
| TITLE | TD |
| NAME | ST. SAUVEUR, RENE |
| STREET ADDRESS | RT. 3 BOX 402 103 LILY |
| CITY - ST - ZIP | INTERLACHEN FL |
| TITLE | P |
| NAME | MACLEAN, EARL |
| STREET ADDRESS | 110 VELVET ST. |
| CITY - ST - ZIP | INTERLACHEN FL |
| TITLE | S |
| NAME | GUINDON, BRUCE |
| STREET ADDRESS | 105 WARD |
| CITY - ST - ZIP | INTERLACHEN FL 32148 |
| TITLE | D |
| NAME | HENKE, FRANK |
| STREET ADDRESS | 102 LILY DR. |
| CITY - ST - ZIP | INTERLACHEN FL |

| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VD LARRY BRIDEAU |
| 2.3 STREET ADDRESS | 157 PRIDGEON |
| 2.4 CITY - ST - ZIP | INTERLACHEN, FL. |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *René W. St. Sauveur* **RENE W. ST. SAUVEUR** 1-27-95 904-684-4679
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)