


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N14247 (3)
1. Corporation Name
PALM SHORES ASSOCIATION, INC.



Principal Place of Business 103 LILY DR. RT. 3 BOX 402 INTERLACHEN FL 32148 US	Mailing Address 103 LILY DR. RT. 3 BOX 402 INTERLACHEN FL 32148 US
--	--

3. Date Incorporated or Qualified 03/13/1986
4. FEI Number 59-2647566
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**JONES, DOROTHY A
101 LILLY DRIVE
P.O. BOX 535
INTERLACHEN FL 32148**

10. Name and Address of New Registered Agent
81 Name **Barbara M. Hogue**
82 Street Address (P.O. Box Number is Not Acceptable) **111 Iron Ave.**
83
84 City **Interlachen** FL 85 **32148**

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 *Barbara M. Hogue* Corporate Treasurer DATE **1-26-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> DELETE MCLEAN, EARL 110 VELVET ST INTERLACHEN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> DELETE BRUCCOLIÈRE, MICHAEL 114 BOLL GREEN DRIVE INTERLACHEN FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> DELETE JONES, DOROTHY A 101 LILLY DRIVE - P.O. BOX 535 INTERLACHEN FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> DELETE CAZRKEWSKI, HELEN 133 REAVES AVE INTERLACHEN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE BRIDEAU, LARRY 157 PRIDGEON INTERLACHEN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE NIELSEN, RALPH 106 LILLY DRIVE - RT.3 BOX 400 INTERLACHEN FL 32148

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Hogue 111 Iron Ave. Interlachen FL 32148
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Victor Gagne 114 Velvet St. Interlachen FL 32148
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Hogue 111 Iron Ave. Interlachen FL 32148
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Czarkowski sp
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ruth Bairum 109 Lily Dr. Interlachen FL 32148

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.

SIGNATURE: *Barbara M. Hogue* **NOT REQUIRED** DATE: **1-26-98** (904) 684-3017

CR2E037 (10/97)