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**Feb 22, 1999 8:00 am**  
**Secretary of State**

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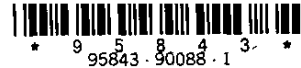
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N14247

1. Corporation Name  
**PALM SHORES ASSOCIATION, INC.**



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

21	2a	3
Principal Place of Business <b>PALM SHORES</b>	Mailing Address <b>PALM SHORES</b>	Date Incorporated or Qualified <b>03/13/1986</b>
Suite, Apt. #, etc. <b>P.O. Box 562</b>	Suite, Apt. #, etc. <b>P.O. Box 562</b>	4. FEI Number <b>59-2647566</b>
City & State <b>INTERLACHEN, FL.</b>	City & State <b>INTERLACHEN, FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>32148</b>	Zip <b>32148</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country <b>Putnam</b>	Country <b>Putnam</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HOGUE, BARBARA A</b> <b>111 IRON AVE</b> <b>P.O. BOX 535</b> <b>INTERLACHEN FL 32140</b>		81 Name	
<p style="text-align: center;"><b>PLEASE NOTE CHANGE</b></p>		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 A. Hogue DATE 1-7-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGUE, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>111 IRON AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAGNE, VICTOR</b>	2.2 NAME	
STREET ADDRESS	<b>114 VELVET ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGUE, BARBARA</b>	3.2 NAME	
STREET ADDRESS	<b>111 IRON AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CZARKOWSKI, HELEN</b>	4.2 NAME	
STREET ADDRESS	<b>133 REAVES AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIDEAU, LARRY</b>	5.2 NAME	
STREET ADDRESS	<b>157 PRIDGEON</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAINUM, RUTH</b>	6.2 NAME	<b>D LAFIRIA, ROGER</b>
STREET ADDRESS	<b>109 LILY DR</b>	6.3 STREET ADDRESS	<b>105 SALEM ST</b>
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	6.4 CITY-ST-ZIP	<b>INTERLACHEN, FL 32148</b>

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: **SIGNATURE REQUIRED** Joseph M. Hogue 1-7-99 1-904-684-3017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)