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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **718560** **(6)**

1. Corporation Name

PARK LANE CONDOMINIUM ASSOCIATION OF JACKSONVILL E, INC.

Principal Place of Business	Mailing Address
1846 MARGARET STREET JACKSONVILLE FL 32204	1846 MARGARET STREET JACKSONVILLE FL 32204-4427

3. Date Incorporated or Qualified: **05/20/1970**
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1633287** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEAS, WILLIAM J.
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HYMAN, FLORA		1.2 NAME	BOLLING, JAMES	
STREET ADDRESS	1846 MARGARET ST 1-B		1.3 STREET ADDRESS	1846 MARGARET ST. 6-A	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DAVISSON, CRAIG		2.2 NAME	BROWN, MARJORIE	
STREET ADDRESS	1846 MARGARET ST. 2-A		2.3 STREET ADDRESS	1846 MARGARET ST. 8-B	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BOLLING, JAMES		3.2 NAME	HYMAN, FLORA	
STREET ADDRESS	1846 MARGARET ST 6-A		3.3 STREET ADDRESS	1846 MARGARET ST., 1-B	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, CLYDE M. JR.		4.2 NAME		
STREET ADDRESS	1846 MARGARET ST. 9-A		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	POWELL, LEE JR.		5.2 NAME	LOVING, RICHARD	
STREET ADDRESS	1846 MARGARET ST. 13-A		5.3 STREET ADDRESS	1846 MARGARET ST., 4-A	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: SIGNATURE REQUIRED 4-4-97 Flora B. Hyman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 904 592