

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718560 (6)
1. Corporation Name
PARK LANE CONDOMINIUM ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business 1846 MARGARET STREET JACKSONVILLE FL 32204	Mailing Address 1846 MARGARET STREET JACKSONVILLE FL 32204
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3. Date Incorporated or Qualified 05/20/1970	
4. FEI Number 59-1633287	Applied For ☐ Not Applicable

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
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAS, WILLIAM J.
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change ☐ Addition ☐
NAME	BOLLING, JAMES	1.2 NAME	as last year
STREET ADDRESS	1846 MARGARET ST., 6-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SECRETARY
NAME	BROWN, MARJORIE	2.2 NAME	(10)
STREET ADDRESS	1846 MARGARET ST., 8-B	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	Change ☐ Addition ☒
NAME	HYMAN, FLORA	3.2 NAME	Seage Register
STREET ADDRESS	1846 MARGARET ST., 1-B	3.3 STREET ADDRESS	1846 Margaret St 11A+B
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	SD	4.1 TITLE	Change ☐ Addition ☐
NAME	COLLINS, CLYDE M. JR.	4.2 NAME	Treasurer
STREET ADDRESS	1846 MARGARET ST. 9-A	4.3 STREET ADDRESS	600002525886
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	-05/15/98--01081--011
TITLE	SD	5.1 TITLE	Change ☒ Addition ☐
NAME	LOVING, RICHARD	5.2 NAME	VP
STREET ADDRESS	1846 MARGARET ST., 4-A	5.3 STREET ADDRESS	Member
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change ☐ Addition ☒
NAME		6.2 NAME	LEE Powell, JR
STREET ADDRESS		6.3 STREET ADDRESS	1846 Margaret St. 13-A
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32204

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

SIGNATURE: _____

CR2E037 (10/97)

Directors: (2)

① PD
Rolling, James
1846 Margut St, 6-A
Jacksonville, FL 32204

② VP + D
Roving, Richard
1846 Margut St, 4-A
Jacksonville, FL 32204

③ T + D
Registor, George, Jr.
1846 Margut St, 11 B
Jacksonville, FL 32204

④ S + D
Brown, Marjorie
1846 Margut St, 8-B
Jacksonville, FL 32204

⑤ Board member + RS.

Parnell, Lee, Jr.
1846 Margut St, 13-A
Jacksonville, FL 32204