

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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- FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # 720965 (3)

1. Corporation Name
PARK ACRES ESTATES ASSOCIATION, INC.

Principal Place of Business 4802 PARK ACRES DR. BRADENTON FL 34207-2170	Mailing Address 4802 PARK ACRES DR. BRADENTON FL 34207-2170
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1971	3a. Date of Last Report 06/21/1994
4. FBI Number 59-1448997	Applied For <input type="checkbox"/> Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

**FRENCH, C. TED
 1750 RINGLING BLVD.
 SARASOTA FL 34236**

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

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HANSEN, ADELAIDE
STREET ADDRESS	628 PARK CIRCLE
CITY-ST-ZIP	BRADENTON FL
TITLE	PD
NAME	CHAREST, LAVERNE
STREET ADDRESS	607 ORLANDO
CITY-ST-ZIP	BRADENTON FL
TITLE	SD
NAME	STUBBE, JANE
STREET ADDRESS	672 PARK CIR.
CITY-ST-ZIP	BRADENTON FL
TITLE	VD
NAME	ALARIE, JAMES
STREET ADDRESS	649 PARK CIR
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	O'GRADY, LAWRENCE
STREET ADDRESS	650 PARK CIR.
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	PIKE, LOUIS
STREET ADDRESS	629 PARK CIR
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSS, FAYE	
1.3 STREET ADDRESS	605 PARK CIRCLE	
1.4 CITY-ST-ZIP	BRADENTON, FL 34207	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input checked="" 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Faye Ross 7 March 95 813-758-8234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #