

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 05/17/1971
3a. Date of Last Report: 03/13/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-26) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-1448997
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
**FRENCH, C. TED
1750 RINGLING BLVD.
SARASOTA FL 34236**

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

12. OFFICERS AND DIRECTORS	
TITLE: TD	ROSS, FAYE <input type="checkbox"/> DELETE
NAME: ROSS, FAYE	
STREET ADDRESS: 605 PARK CIRCLE	
CITY-ST-ZIP: BRADENTON FL	
TITLE: D	CHAREST, LAVERNE <input checked="" type="checkbox"/> DELETE
NAME: CHAREST, LAVERNE	
STREET ADDRESS: 607 ORLANDO	
CITY-ST-ZIP: BRADENTON FL	
TITLE: SD	STUBBE, JANE <input type="checkbox"/> DELETE
NAME: STUBBE, JANE	
STREET ADDRESS: 672 PARK CIR.	
CITY-ST-ZIP: BRADENTON FL	
TITLE: PD	ALARIE, JAMES <input type="checkbox"/> DELETE
NAME: ALARIE, JAMES	
STREET ADDRESS: 649 PARK CIR	
CITY-ST-ZIP: BRADENTON FL	
TITLE: VD	O'GRADY, LAWRENCE <input type="checkbox"/> DELETE
NAME: O'GRADY, LAWRENCE	
STREET ADDRESS: 650 PARK CIR.	
CITY-ST-ZIP: BRANDENTON FL	
TITLE: D	PIKE, LOUIS <input type="checkbox"/> DELETE
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34207
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRETER, RICHARD
2.3 STREET ADDRESS	618 PARK CIR.
2.4 CITY-ST-ZIP	BRADENTON, FL 34207
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34207
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34207
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	34207
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	34207

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 119.07(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 E. Ross 3/1/96 941-758-8234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FAYE E. ROSS, TREASURER

CR2E037 (12/95)