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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 HARMONY MANAGEMENT BRADENTON FL 34207-2170 P.O. BOX 10067 BRADENTON, FL 34282

3. Date Incorporated or Qualified: 05/17/1971
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
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

2. Principal Place of Business: 4400 El Compadre #13 Bradenton, FL 34210
2a. Mailing Address: HARMONY MANAGEMENT P.O. BOX 10067 BRADENTON, FL 34282
22. Suite, Apt. #, etc.: 13
23. City & State: Bradenton, FL
24. Zip: 34210
25. Country: Honduras
26. Suite, Apt. #, etc.:
27. City & State: BRADENTON, FL 34282
28. Zip:
29. Country:

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: Sally Turner, C.A.M.
82 Street Address (P.O. Box Number is Not Acceptable): 4400 El Compadre #13
83 #13
84 City: Bradenton FL 85 Zip Code: 34210

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: SALLY TURNER Sally Turner DATE:

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, FAYE	
STREET ADDRESS	605 PARK CIRCLE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EDMOND, MARYANN	
STREET ADDRESS	619 PARK CR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STUBBE, JANE	
STREET ADDRESS	672 PARK CIR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALARIE, JAMES	
STREET ADDRESS	649 PARK CIR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GODFREY, JAMES	
STREET ADDRESS	513 47 AVE DR W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORMAN, NANCY	
STREET ADDRESS	609 PARK CR	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEAN C. SHIVELY	
1.3 STREET ADDRESS	631 PARK CIRCLE	
1.4 CITY-ST-ZIP	BRADENTON, FL 34207	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADRIAN K. GREEN	
2.3 STREET ADDRESS	663 PARK CIRCLE	
2.4 CITY-ST-ZIP	BRADENTON, FL 34207	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ADELAIDE M. HANSEN	
3.3 STREET ADDRESS	628 PARK CIRCLE	
3.4 CITY-ST-ZIP	BRADENTON, FL 34207	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELIZABETH J. DONOHUE	
4.3 STREET ADDRESS	635 PARK CIRCLE	
4.4 CITY-ST-ZIP	BRADENTON, FL 34207	
5.1 TITLE	DIRECTOR AT LARGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EARL LIMBORGER	
5.3 STREET ADDRESS	4606 PARK ACRES DRIVE	
5.4 CITY-ST-ZIP	BRADENTON, FL 34207	
6.1 TITLE	DIRECTOR AT LARGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOHN E. METZ	
6.3 STREET ADDRESS	611 PARK ACRES	
6.4 CITY-ST-ZIP	BRADENTON, FL 34207	

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to exercise Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: JEAN C. SHIVELY Jean C. Shively

CR2E037 (10/97)