

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # N94000003966 (8)**

1. Corporation Name  
**PALMONA PARK CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**C/O PARKSIDE COMMUNITY  
 235 STOCKTON STREET  
 NO. FORT MYERS FL 33903-2847**

Mailing Address  
**C/O PARKSIDE COMMUNITY  
 235 STOCKTON STREET  
 NO. FORT MYERS FL 33903-2847**

3. Date Incorporated or Qualified  
**08/11/1994**

4. FEI Number  
**65-0578444**

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. This corporation is a franchise or salesperson's 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  
 21 Suite, Apt. #, etc.  
 24 Zip 25 Country 26 Mailing Address 27 Suite, Apt. #, etc. 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**JACKSON, DAUGLAS E  
 235 STOCKTON STREET  
 NO. FORT MYERS FL 33903-2847**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WELCH, JAMES R</b>	
STREET ADDRESS	<b>329 MONTERREY ST</b>	
CITY-ST-ZIP	<b>NO. FORT MYERS FL 33903</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILT, JANET</b>	
STREET ADDRESS	<b>558 ELLIS ST</b>	
CITY-ST-ZIP	<b>NO. FORT MYERS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WIKE, JEAN</b>	
STREET ADDRESS	<b>1732 ATLANTIC AVENUE</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WHEELER, MARGARET</b>	
STREET ADDRESS	<b>1850 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TARATINO, JOSEPH</b>	
STREET ADDRESS	<b>234 SACRAMENTO STREET</b>	
CITY-ST-ZIP	<b>NO. FORT MYERS FL 33903</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Margaret Wheeler</b>	
1.3 STREET ADDRESS	<b>1850 Riverside Dr.</b>	
1.4 CITY-ST-ZIP	<b>N. Ft. Myers, Fl. 33903</b>	
2.1 TITLE	<b>VP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Marion Wike</b>	
2.3 STREET ADDRESS	<b>1732 Atlantic Av.</b>	
2.4 CITY-ST-ZIP	<b>N. Ft. Myers, Fl. 33903</b>	
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	<b>Mary Bodenhasser</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>471 Clark St.</b>	
4.3 STREET ADDRESS	<b>N. Ft. Myers, Fl. 33903</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Welch James</b>	
5.3 STREET ADDRESS	<b>309 Monterey St</b>	
5.4 CITY-ST-ZIP	<b>No Ft Myers Fl 33903</b>	
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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CPRE037 (10/97)