

FILED
Apr 22, 1999 8:00 am
Secretary of State

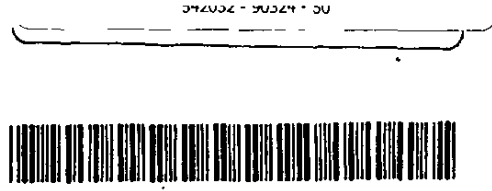
04-22-1999 90079 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000003966

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
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/11/1994	4. FEI Number 65-0578444	Applied For 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		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE: <i>Forrest Wilt</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WELCH, JAMES R	1.2 NAME	1.2 NAME: <i>558 Ellis St.</i>	
STREET ADDRESS: 329 MONTERREY ST	1.3 STREET ADDRESS	1.3 STREET ADDRESS: <i>N. Ft. Myers, Fl. 33903</i>	
CITY-ST-ZIP: NO. FORT MYERS FL 33903	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP: <i>N. Ft Myers, Fl. 33903</i>	
TITLE: VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	2.1 TITLE: <i>Marion. m. Wike</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WILT, JANET	2.2 NAME	2.2 NAME: <i>1732 Atlantic Av.</i>	
STREET ADDRESS: 558 ELLIS ST	2.3 STREET ADDRESS	2.3 STREET ADDRESS: <i>N. Ft Myers, Fl. 33903</i>	
CITY-ST-ZIP: NO. FORT MYERS FL	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP: <i>N. Ft Myers, Fl. 33903</i>	
TITLE: T <input type="checkbox"/> DELETE	3.1 TITLE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WKE, JEAN	3.2 NAME	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1732 ALTANTIC AVENUE	3.3 STREET ADDRESS	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: NORTH FORT MYERS FL 33903	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P <input type="checkbox"/> DELETE	4.1 TITLE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WHEELER, MARGARET	4.2 NAME	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1850 RIVERSIDE DRIVE	4.3 STREET ADDRESS	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: NORTH FORT MYERS FL 33903	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> DELETE	5.1 TITLE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TARATINO, JOSEPH	5.2 NAME	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 234 SACRAMENTO STREET	5.3 STREET ADDRESS	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: NO. FORT MYERS FL 33903	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE	6.1 TITLE: <i>Mary Bodenhaser</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE	6.2 NAME	6.2 NAME: <i>441 CLARK ST.</i>	
STREET ADDRESS: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	6.3 STREET ADDRESS: <i>N. Ft. MYERS, FL 33903-3309</i>	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP: <i>N. Ft. MYERS, FL 33903-3309</i>	

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, with all other like empowered.

SIGNATURE: *Janet Wike* DATE: *1-19-99* DAYTIME PHONE: *941-997-0553*

CR2E037 (11/98)