

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	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 65-0578444	
24 Zip		25 Country		5. Certificate of Status Desired 8.75 Additional Fee Required	
27		28		6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
29		30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	

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	
85 FL		86 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	WELCH, JAMES R	1.2 NAME	Margaret Wheeler
STREET ADDRESS	329 MONTERREY ST	1.3 STREET ADDRESS	1850 Riverside Dr.
CITY-ST-ZIP	NO. FORT MYERS FL 33903	1.4 CITY-ST-ZIP	N. Ft. Myers, Fl. 33903
TITLE	VP	2.1 TITLE	VP/D
NAME	WILT, JANET	2.2 NAME	Marion White
STREET ADDRESS	558 ELLIS ST	2.3 STREET ADDRESS	1732 Atlantic Ave.
CITY-ST-ZIP	NO. FORT MYERS FL	2.4 CITY-ST-ZIP	N. Ft. Myers, Fl. 33903
TITLE	T	3.1 TITLE	
NAME	WIKE, JEAN	3.2 NAME	
STREET ADDRESS	1732 ATLANTIC AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	Mary Rodenhasser
NAME	WHEELER, MARGARET	4.2 NAME	4711 Clark St.
STREET ADDRESS	1850 RIVERSIDE DRIVE	4.3 STREET ADDRESS	N. Ft. Myers, Fl. 33903
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	TARATINO, JOSEPH	5.2 NAME	Welch James
STREET ADDRESS	234 SACRAMENTO STREET	5.3 STREET ADDRESS	309 Monterey St
CITY-ST-ZIP	NO. FORT MYERS FL 33903	5.4 CITY-ST-ZIP	NO FT MYERS FL 33903
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____

CP2E037 (10/97)