04221999-90079-003-$61.25-$61.25

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.

342032 - 90324 - 50

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/11/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0578444 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$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 617.1506, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELCH, JAMES R 329 MONTERREY ST NO. FORT MYERS FL 33903	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition D Forrest Wilt 558 Ellis St. N. Ft. Myers, Fl. 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILT, JANET 558 ELLIS ST NO. FORT MYERS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VP Marion. M. Wike 1732 Atlantic Av. N. Ft Myers, Fl. 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WIKE, JEAN 1732 ALTANTIC AVENUE NORTH FORT MYERS FL 33903	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHEELER, MARGARET 1850 RIVERSIDE DRIVE NORTH FORT MYERS FL 33903	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARATINO, JOSEPH 234 SACRAMENTO STREET NO. FORT MYERS FL 33903	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition Mary Bodenhaser 441 CLARK St. N. Ft. MYERS, FL 33903-3309

CR2E037 (11/98)

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: Jean W. Wike JEAN W. WIKE, JR. 1-19-99 941-997-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #