

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 707959 (3)

1. Corporation Name

PALM LAKE PARK CIVIC ASSOCIATION, INC.

Principal Place of Business

1129 N.W. 15TH STREET  
STUART FL 34994  
US

Mailing Address

1129 N.W. 15TH STREET  
STUART FL 34994  
US



300001851289

-06/05/96--01021--005

\*\*\*\$61.25

3. Date Incorporated or Qualified  
10/13/1964

3a. Date of Last Report  
03/08/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
59-2823254

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KENNION, WILLIAM F.  
1129 N.W. 15TH ST.  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name KENNION, WILLIAM F.

82 Street Address (P.O. Box Number is Not Acceptable)

83 1129 N.W. 15 STREET

84 City STUART FL 85 Zip Code 34994

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LUCKEY, PHYLISS  
STREET ADDRESS 1167 N.W. 13TH ST  
CITY-ST-ZIP STUART, FL 00000

TITLE ☐ DELETE

NAME TOBIN, THERESA  
STREET ADDRESS 1143 N.W. 16TH PL.  
CITY-ST-ZIP STUART, FL 00000

TITLE ☐ DELETE

NAME MORRIS, VIRGINIA  
STREET ADDRESS 1732 NW PALM LAKE DR  
CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME LUNDSFORD, LEIGHAN  
STREET ADDRESS 934 N.W. 12 TERRACE  
CITY-ST-ZIP STUART, FL 00000

TITLE ☒ DELETE

NAME KENNION, WILLIAM F.  
STREET ADDRESS 1129 N.W. 15TH ST.  
CITY-ST-ZIP STUART, FL 00000

TITLE ☐ DELETE

NAME ESTES, CHARLES  
STREET ADDRESS 1330 N.W. ANTIOCH ST.  
CITY-ST-ZIP STUART, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Thomas K. Trowbridge  
1.3 STREET ADDRESS 1168 N.W. 13 Street  
1.4 CITY-ST-ZIP Stuart, FL.

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Deborah Trowbridge  
2.3 STREET ADDRESS 1168 N.W. 13 St.  
2.4 CITY-ST-ZIP Stuart, FL.

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME MORRIS, VIRGINIA  
3.3 STREET ADDRESS 1732 N.W. PALM LAKE DR  
3.4 CITY-ST-ZIP STUART FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME LUCKEY, PHYLISS  
4.3 STREET ADDRESS 1167 N.W. 13 ST  
4.4 CITY-ST-ZIP STUART FL

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME LUNDSFORD, LEIGHAN  
5.3 STREET ADDRESS 934 N.W. 12 TERRACE  
5.4 CITY-ST-ZIP STUART FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME Estes, Charles  
6.3 STREET ADDRESS 1330 N.W. Antioch St.  
6.4 CITY-ST-ZIP Stuart, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

THOMAS K. TROWBRIDGE

4/26/96

4070923814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)