

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **707959** (3)

1. Corporation Name

PALM LAKE PARK CIVIC ASSOCIATION, INC.



Principal Place of Business 1330 N.W. ANTOCH AVENUE STUART FL 34994 US	Mailing Address 1147 NW 14TH TERRACE STUART FL 34994
--	--

3. Date Incorporated or Qualified
10/13/1964

4. FEI Number
59-2823254

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. 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

**ESTES, CHARLIE
1330 N.W. ANTOCH AVENUE
STUART FL 34994**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MARIE	1.2 NAME	
STREET ADDRESS	1147 NW 14TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STURT FL 34994	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTY, BONNIE	2.2 NAME	
STREET ADDRESS	1330 N.W. ANTOCH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, VIRGINIA	3.2 NAME	
STREET ADDRESS	1732 NW PALM LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCKEY, PHYLLIS	4.2 NAME	
STREET ADDRESS	1167 NW 13 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDSFORD, LEIGHAN	5.2 NAME	
STREET ADDRESS	934 NW 12 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, CHARLES	6.2 NAME	
STREET ADDRESS	1330 N.W. ANTOCH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	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: _____

CR2E037 (10/97)