

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90071 018 ****61.25

0075346

DOCUMENT # 707959

1. Corporation Name

PALM LAKE PARK CIVIC ASSOCIATION, INC.

478305 - 90071 - 18

Principal Place of Business

Mailing Address

1330 N.W. ANTOCH AVENUE
STUART FL 34994
US

1147 NW 14TH TERRACE
STUART FL 34994



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
10/13/1964

4. FEI Number
59-2823254

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE TD
NAME MORRIS, MARIE
STREET ADDRESS 1147 NW 14TH TERRACE
CITY-ST-ZIP STURT FL 34994

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME WHITTY, BONNIE
STREET ADDRESS 1330 N.W. ANTOCH AVENUE
CITY-ST-ZIP STUART FL 34994

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME LUCKEY, PHYLISS
STREET ADDRESS 1167 NW 13 ST.
CITY-ST-ZIP STUART FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME LUNDSFORD, LEIGHAN
STREET ADDRESS 934 NW 12 TERRACE
CITY-ST-ZIP STUART FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME JILL JONES
5.3 STREET ADDRESS 983 NW 16th Place
5.4 CITY-ST-ZIP Stuart, Fla 34994

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

561-692-2723
Daytime Phone #

CR2E037 (11/98)