FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722540 (2)

1. Corporation Name

PALM TERRACE CIVIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11205 ARECA DRIVE PORT RICHEY FL 34668	11205 ARECA DRIVE PORT RICHEY FL 34668

3. Date Incorporated or Qualified: 01/26/1972
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1712856 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DELZER, HARVEY V.
7920 U.S. HIGHWAY 19
PORT RICHEY FL 33568

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	RUSSELL, DONALD	1.2 NAME	~~George~~ Mayer, George
STREET ADDRESS	7404 CHAIRMAN COURT	1.3 STREET ADDRESS	7804 Birchwood Drive
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	Port Richey, Fl. 34668
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	GUTT, RAYMOND	2.2 NAME	
STREET ADDRESS	7735 GREYBIRCH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	KANARVOGEL, LESTER	3.2 NAME	~~Anna Grace~~ Cannon, Anna Grace
STREET ADDRESS	7715 GREYBIRCH TERRACE	3.3 STREET ADDRESS	11240 Yew Tree Ave.
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	Port Richey, Fl. 34668
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SCALISE, MARY	4.2 NAME	
STREET ADDRESS	7524 IRONBARK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	MD	5.1 TITLE	MD ☒ Change ☐ Addition
NAME	SMTH, E	5.2 NAME	Smith, Earl
STREET ADDRESS	7515 JUDITH CRESCENT	5.3 STREET ADDRESS	7515 Judith Crescent
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	Port Richey, Fl. 34668
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TRZASKOWSKI, IDA	6.2 NAME	
STREET ADDRESS	7535 BIRCHWOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	6.4 CITY-ST-ZIP	

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)(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: Mary G Scalise MARY G. SCALISE 3/9/95 813-862-1710
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0067030