

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722540

(2)

1. Corporation Name

PALM TERRACE CIVIC ASSOCIATION, INC.



Principal Place of Business

**11205 ARECA DRIVE
PORT RICHEY FL 34668**

Mailing Address

**11205 ARECA DRIVE
PORT RICHEY FL 34668**

3. Date Incorporated or Qualified
01/26/1972

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-1712856

Applied For
Not Applicable

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MAYER, GEORGE**
STREET ADDRESS **7804 BIRCHWOOD DRIVE**
CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE **CD** ☐ DELETE
NAME **GUTT, RAYMOND**
STREET ADDRESS **7735 GREYBIRCH TERRACE**
CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE **S** ☒ DELETE
NAME **CANNON, ANNA GRACE**
STREET ADDRESS **11240 YEW TREE AVE.**
CITY-ST-ZIP **PORT RICHEY FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Hillock, Nickolena**
3.3 STREET ADDRESS **11106 Yellowwood Lane**
3.4 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **T** ☐ DELETE
NAME **SCALISE, MARY**
STREET ADDRESS **7524 IRONBARK DRIVE**
CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE **MD** ☒ DELETE
NAME **SMITH, EARL**
STREET ADDRESS **7515 JUDITH CRESCENT**
CITY-ST-ZIP **PORT RICHEY FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **MD**
5.3 STREET ADDRESS **Spratt, Lawrence**
5.4 CITY-ST-ZIP **11305 Scallop Drive**

TITLE **D** ☐ DELETE
NAME **TRZASKOWSKI, IDA**
STREET ADDRESS **7535 BIRCHWOOD DR.**
CITY-ST-ZIP **PORT RICHEY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

MARY G. SCALISE
Mary G. Scalise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96
Date

813-862-1710
Daytime Phone #

CR2E037 (12/95)