

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 34668-2281
--	---

3. Date Incorporated or Qualified 01/26/1972	3a. Date of Last Report 03/13/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1712856 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
			FL	

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 registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																								
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>MAYER, GEORGE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7804 BIRCHWOOD DRIVE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>PORT RICHEY FL</td><td></td></tr><tr><td>TITLE</td><td>CD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>GUTT, RAYMOND</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7735 GREYBIRCH TERRACE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>PORT RICHEY FL</td><td></td></tr><tr><td>TITLE</td><td>S</td><td><input checked="" type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>HILLOCK, NICKOLENA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>11106 YELLOWOOD LANE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>PORT RICHEY FL</td><td></td></tr><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>SCALISE, MARY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7524 IRONBARK DRIVE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>PORT RICHEY FL</td><td></td></tr><tr><td>TITLE</td><td>MD</td><td><input checked="" type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>SPRATT, LAWRENCE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>11305 SCALLOP DRIVE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>PORT RICHEY FL</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>TRZASKOWSKI, IDA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7535 BIRCHWOOD DR.</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>PORT RICHEY FL</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> DELETE	NAME	MAYER, GEORGE		STREET ADDRESS	7804 BIRCHWOOD DRIVE		CITY - ST - ZIP	PORT RICHEY FL		TITLE	CD	<input type="checkbox"/> DELETE	NAME	GUTT, RAYMOND		STREET ADDRESS	7735 GREYBIRCH TERRACE		CITY - ST - ZIP	PORT RICHEY FL		TITLE	S	<input checked="" type="checkbox"/> DELETE	NAME	HILLOCK, NICKOLENA		STREET ADDRESS	11106 YELLOWOOD LANE		CITY - ST - ZIP	PORT RICHEY FL		TITLE	T	<input type="checkbox"/> DELETE	NAME	SCALISE, MARY		STREET ADDRESS	7524 IRONBARK DRIVE		CITY - ST - ZIP	PORT RICHEY FL		TITLE	MD	<input checked="" type="checkbox"/> DELETE	NAME	SPRATT, LAWRENCE		STREET ADDRESS	11305 SCALLOP DRIVE		CITY - ST - ZIP	PORT RICHEY FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	TRZASKOWSKI, IDA		STREET ADDRESS	7535 BIRCHWOOD DR.		CITY - ST - ZIP	PORT RICHEY FL		<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY - ST - ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY - ST - ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td>S</td></tr><tr><td>3.3 STREET ADDRESS</td><td>CLENDENNIN, RETA</td></tr><tr><td>3.4 CITY - ST - ZIP</td><td>7715 Tyson Drive</td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY - ST - ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td>MD</td></tr><tr><td>5.3 STREET ADDRESS</td><td>Kanarvogel, Lester</td></tr><tr><td>5.4 CITY - ST - ZIP</td><td>7715 Greybitch Terr.</td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY - ST - ZIP</td><td>Port Richey, Fl. 34668</td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	S	3.3 STREET ADDRESS	CLENDENNIN, RETA	3.4 CITY - ST - ZIP	7715 Tyson Drive	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME	MD	5.3 STREET ADDRESS	Kanarvogel, Lester	5.4 CITY - ST - ZIP	7715 Greybitch Terr.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	Port Richey, Fl. 34668
TITLE	P	<input type="checkbox"/> DELETE																																																																																																																							
NAME	MAYER, GEORGE																																																																																																																								
STREET ADDRESS	7804 BIRCHWOOD DRIVE																																																																																																																								
CITY - ST - ZIP	PORT RICHEY FL																																																																																																																								
TITLE	CD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	GUTT, RAYMOND																																																																																																																								
STREET ADDRESS	7735 GREYBIRCH TERRACE																																																																																																																								
CITY - ST - ZIP	PORT RICHEY FL																																																																																																																								
TITLE	S	<input checked="" type="checkbox"/> DELETE																																																																																																																							
NAME	HILLOCK, NICKOLENA																																																																																																																								
STREET ADDRESS	11106 YELLOWOOD LANE																																																																																																																								
CITY - ST - ZIP	PORT RICHEY FL																																																																																																																								
TITLE	T	<input type="checkbox"/> DELETE																																																																																																																							
NAME	SCALISE, MARY																																																																																																																								
STREET ADDRESS	7524 IRONBARK DRIVE																																																																																																																								
CITY - ST - ZIP	PORT RICHEY FL																																																																																																																								
TITLE	MD	<input checked="" type="checkbox"/> DELETE																																																																																																																							
NAME	SPRATT, LAWRENCE																																																																																																																								
STREET ADDRESS	11305 SCALLOP DRIVE																																																																																																																								
CITY - ST - ZIP	PORT RICHEY FL																																																																																																																								
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																							
NAME	TRZASKOWSKI, IDA																																																																																																																								
STREET ADDRESS	7535 BIRCHWOOD DR.																																																																																																																								
CITY - ST - ZIP	PORT RICHEY FL																																																																																																																								
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
1.2 NAME																																																																																																																									
1.3 STREET ADDRESS																																																																																																																									
1.4 CITY - ST - ZIP																																																																																																																									
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
2.2 NAME																																																																																																																									
2.3 STREET ADDRESS																																																																																																																									
2.4 CITY - ST - ZIP																																																																																																																									
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																								
3.2 NAME	S																																																																																																																								
3.3 STREET ADDRESS	CLENDENNIN, RETA																																																																																																																								
3.4 CITY - ST - ZIP	7715 Tyson Drive																																																																																																																								
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
4.2 NAME																																																																																																																									
4.3 STREET ADDRESS																																																																																																																									
4.4 CITY - ST - ZIP																																																																																																																									
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																								
5.2 NAME	MD																																																																																																																								
5.3 STREET ADDRESS	Kanarvogel, Lester																																																																																																																								
5.4 CITY - ST - ZIP	7715 Greybitch Terr.																																																																																																																								
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
6.2 NAME																																																																																																																									
6.3 STREET ADDRESS																																																																																																																									
6.4 CITY - ST - ZIP	Port Richey, Fl. 34668																																																																																																																								

14. I do 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, as applicable, or on a statement of change with an address.

MARY G. SCALISE

March 6, 1997

813 862-1216

CR2E037 (9/96)