


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722540 (2)**

1. Corporation Name **PALM TERRACE CIVIC ASSOCIATION, INC.**

**PALM TERRACE ASSOCIATION, INC.**

NC  
12/22/97

Principal Place of Business <b>11205 ARECA DRIVE PORT RICHEY FL 34668</b>	Mailing Address <b>11205 ARECA DRIVE PORT RICHEY FL 34668</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified <b>01/26/1972</b>
4. FEI Number <b>59-1712856</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	P	<input checked="" 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 type="checkbox"/> DELETE
NAME	CLENNENIN, RETA	
STREET ADDRESS	7715 TYSON DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCALISE, MARY	
STREET ADDRESS	7524 IRONBARK DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	KANARVOGEL, LESTER	
STREET ADDRESS	7715 GREYBIRCH TERR	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles Koczan	
1.3 STREET ADDRESS	7721 Hillside Ct. #102	
1.4 CITY-ST-ZIP	Bayonet Point, FL. 34667	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Helene L. Tosches	
2.3 STREET ADDRESS	11131 Zimmerman Rd.	
2.4 CITY-ST-ZIP	Port Richey, FL. 34668	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	10000242805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-02/11/98--01088--010	
6.3 STREET ADDRESS	***61.25	
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: *Helene L. Tosches* Helene L. Tosches 1-29-98 863-4516

CR2E037 (10/97)