

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 722540

1. Corporation Name

PALM TERRACE ASSOCIATION, INC.

Principal Place of Business

11205 ARECA DRIVE
PORT RICHEY FL 34668

Mailing Address

11205 ARECA DRIVE
PORT RICHEY FL 34668

FILED

99 NOV -1 PM 5: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/26/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1712856	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
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 EILEEN M. Rector	
				82 Street Address (P.O. Box Number is Not Acceptable) 7428 STATE RD. 52	
				83	
				84 City HUDSON FL 85 Zip Code 34667	
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 Eileen M. Rector, EA.				DATE 10-27-99	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KOCZAN, CHARLES				1.2 NAME	
STREET ADDRESS 7721 HILLSIDE CT. #102				1.3 STREET ADDRESS	
CITY-ST-ZIP BAYONET POINT FL 34667				1.4 CITY-ST-ZIP	
TITLE CD <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE				3.1 TITLE S	
NAME CLENDENNIN, RETA				3.2 NAME	
STREET ADDRESS 7715 TYSON DR				3.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL				3.4 CITY-ST-ZIP	
TITLE T <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TOSCHES, HELENE L				4.2 NAME	
STREET ADDRESS 11131 ZIMMERMAN RD.				4.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL 34668				4.4 CITY-ST-ZIP	
TITLE MD <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KANARVOGEL, LESTER				5.2 NAME	
STREET ADDRESS 7715 GREYBIRCH TERR				5.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL				5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-99

Date

Daytime Phone #

0009127

CR2E037 (5/99)