

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722540

1. Entity Name

PALM TERRACE ASSOCIATION, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90195 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11205 ARECA DRIVE  
PORT RICHEY FL 34668

11205 ARECA DRIVE  
PORT RICHEY FL 34668-2281

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1712856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RECTOR, EILEEN M  
7428 STATE RD. 52  
HUDSON FL 34667

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME KOCZAN, CHARLES  
STREET ADDRESS 7721 HILLSIDE CT. #102  
CITY-ST-ZIP BAYONET POINT FL 34667

TITLE VP ☐ Change ☒ Addition  
NAME DAVIS JOHN  
STREET ADDRESS 3630 SCJRADER BLVD  
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE SEC ☐ Change ☒ Addition  
NAME CLENDENNIN RETA  
STREET ADDRESS 7715 TYSON DR  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE S ☒ Delete  
NAME CORSER, JAMES  
STREET ADDRESS 7821 ILEX DR.  
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME TOSCHES, HELENE L  
STREET ADDRESS 11131 ZIMMERMAN RD.  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD ☐ Delete  
NAME KANARVOGEL, LESTER  
STREET ADDRESS 7715 GREYBIRCH TERR  
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles Koczan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES KOCZAN PRESIDENT (727) 863-7080

Date 2-18-2000 Daytime Phone #

CR2E037 (9/99)