

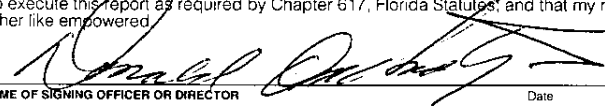


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90002 048 ****61.25

DOCUMENT # 722540 1. Entity 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01192004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1712856	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYKO, RICHARD A EA 11720 US 19 SUITE 6 PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPRATT, LAWRENCE 8529 REGAL LANE HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VanHoutegan, Donald 7514 Judith Crescent Port Richey, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARDS, GEORGE 7630 HAWTHORN DR PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, GERTRUDE 7805 TYSON DR PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, JUANITA 7521 TYSON DR PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PARSONS, JOAN 7535 TYSON DR PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richards, Lea 7630 Hawthorn Dr. Port Richey, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRANDENBURG, ELEANOR 11225 SNYDER PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Donald VanHoutegan 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # 863-4516	