

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761235 (1)

1. Corporation Name

PALM HARBOR SHOPPING CENTER MERCHANTS' ASSOCIATION, INC.



Principal Place of Business

**2499 GLADES ROAD
SUITE 104
BOCA RATON FL 33431**

Mailing Address

**2499 GLADES ROAD
SUITE 104
BOCA RATON FL 33431**

3. Date Incorporated or Qualified
12/28/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **132 Palm Coast Parkway**

22 City & State **27** City & State

23 Zip **28** **Palm Coast Fl. 32137**

24 Country **25** Country **29** Country **30** Country

4. FEI Number

59-2857936

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SEALE, JOHNNY W
290 PALM COAST PKWY.
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81 Name

Darlene L. Rollins

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

132 Palm Coast Parkway

83

84 City

Palm Coast

FL

85 Zip Code

32137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

June 18, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD CONLEY, TERRY**
STREET ADDRESS **PALM HARBOR SHOPPING CENTER**
CITY-ST-ZIP **PALM COAST FL**

TITLE ☐ DELETE

NAME **VD ANDRASCO, DARLENE**
STREET ADDRESS **PALM HARBOR SHOPPING CENTER**
CITY-ST-ZIP **PALM COAST FL**

TITLE ☐ DELETE

NAME **S ALDRICH, MELISSA**
STREET ADDRESS **PALM HARBOR SHOPPING CENTER**
CITY-ST-ZIP **PALM COAST FL**

TITLE ☐ DELETE

NAME **T WOODARD, REBECCA**
STREET ADDRESS **FIRST UNION CORP.**
CITY-ST-ZIP **PALM COAST FL**

TITLE ☐ DELETE

NAME **D ZENGAGE, JAMES**
STREET ADDRESS **2499 GLADES RD. #104**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **D SEALE, JOHNNY**
STREET ADDRESS **PALM HARBOR SHOPPING CENTER**
CITY-ST-ZIP **PALM COAST FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME **President Darlene L. Rollins**
13 STREET ADDRESS **Same**

14 CITY-ST-ZIP ☒ Change ☐ Addition

21 TITLE **Vice-President**
22 NAME **Mort Duggan**
23 STREET ADDRESS **Same**

24 CITY-ST-ZIP ☒ Change ☐ Addition

31 TITLE **Secretary**
32 NAME **Marlene Seale**
33 STREET ADDRESS **Same**

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☒ Change ☐ Addition

62 NAME **Director Al Cole**
63 STREET ADDRESS **Same**

64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rebecca H. Woodard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96 (904) 445-2175
Date Daytime Phone #

CR2E037 (12/95)