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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N21509

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| PACE (| CIVIC AS | SOCIATION, INC. | | | | | | |
|--|--|---|--|---|---|--|---|-------------------------------------|
| Principal Place of Business 4372 W AVENIDA DE GOLF MILTON FL 32571 US Mailing Address 4372 W AVENIDA DE GO MILTON FL 32571 US | | | | GOLF | | I TOBERSON DUE TERRE TIONS MINIT BRONE (NEXT BIRNT | | |
| | | | | | | 3. Date Incorporated or Qualified 06/30/1987 | 3a. Date of Last 02/01/1 | Report 995 |
| Principal Place of Business | | | 2a. Mailing Address | | 4. FEI Number Appli ICARI E Applie | | Applied For | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | Not Applicable 5 Additional |
| 2 | | | 27 | · | | 5. Certificate of Status Desired | | Required |
| Orty & State | e | | City & State | | | 6. Election Campaign Financing | | May Be |
| Zip | | Country | 28 Zip | Cour | trv | Trust Fund Contribution | Adde | d to Fees |
| 4 | | 25 | 29 | 30 | ici y | This corporation has liability for Florida Statutes | intangible tax under s. □ Yes 1211 0 | . 199.032, |
| | 9. Name | and Address of Curre | ent Registered Agent | | | 10. Name and Address of New F | | |
| | | | | | 91 Name | | | |
| NUGENT, ED, SR. 166 LIVE OAK LANE. MILTON FL 32571 | | | | 1 | Street Add | ress (P.O. Box Number is Not Acceptat | ole) | |
| | | | | - | 83 | | | |
| MILION | 1 1 020/1 | | | ľ | | | | |
| | | | | [1 | B4 City | | FL 85 Z | p Code |
| Or register | iou agent, or | DOIN, IN the State OFFICE | rida. Such change was author ction 617.0503, Florida Statute | izea ov trie ct | e-named corpo prporation's boa | oration submits this statement for the pul and of directors. I hereby accept the app | rpose of changing its i ointment as registered | registered offic Lagent. Lam |
| SIGNATURE _ | Signature, typed | or printed name of registered age | | OTE Registered A | gent signature require | ad when minstahnari | DATE | |
| SIGNATURE _ | | | | OTE: Registered A | gent signature require | ed when reinstating: ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIRECTO | DRS IN 12 |
| SIGNATURE _ | D | OFFICERS A | ent and little if applicable (h | | | | | DRS IN 12 |
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