

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N28711 (2)

1. Corporation Name

PACE ISLAND OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1733 PACE ISLAND TRACE  
ORANGE PARK FL 32073

1733 PACE ISLAND TRACE  
ORANGE PARK FL 32073-7035

3. Date Incorporated or Qualified  
10/05/1988

3a. Date of Last Report  
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number  
59-2927306

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

10. Name and Address of New Registered Agent

POWELL, TERRELL J.  
2215 E STATE ROAD 200  
YULEE FL 32097

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	MIXON, BEN W.	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, SUSAN D.	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALTER, KATHLEEN A.	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, GERALD W.	
STREET ADDRESS	2247 SALT MYRTLE LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUGGLES, JAMES	
STREET ADDRESS	1780 HOLLY FLOWER LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARRISON, MELVIN R.	
1.3 STREET ADDRESS	1733 PACE ISLAND TRACE	
1.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HENDERSON, LLOYD	
2.3 STREET ADDRESS	1545 MARSH RABBIT WAY	
2.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PINHO, MICHAEL	
3.3 STREET ADDRESS	1589 CHAIN FERN WAY	
3.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MORIARTY, JOHN	
4.3 STREET ADDRESS	1577 CHAIN FERN WAY	
4.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KILNER, F. DIANE	
5.3 STREET ADDRESS	1733 PACE ISLAND TRACE	
5.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Susan D. Wood, President

Date

Daytime Phone # 0001003

CR2E037 (9/96)