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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

10/05/1988

4. FEI Number

59-2927306

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HARRISON, MELVIN R	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PINHO, MICHAEL	
1.3 STREET ADDRESS	2242 SALT MYRTLE LANE	
1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, SUSAN D.	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILKINSON, BILL	
2.3 STREET ADDRESS	1775 BUTTONBUSH WAY	
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALTER, KATHLEEN A.	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORIARTY, JOHN	
STREET ADDRESS	1577 CHAIN FERN WAY	
CITY-ST-ZIP	ORANGE PARK FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	KILNER, F DIANE	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, LLOYD	
STREET ADDRESS	1545 MARSH RABBIT WAY	
CITY-ST-ZIP	ORANGE PARK FL	

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 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. Harrison

1-29-98

CR2E037 (1097)