

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28711**

1. Corporation Name

PACE ISLAND OWNERS ASSOCIATION, INC.

Principal Place of Business

1733 PACE ISLAND TRACE
ORANGE PARK FL 32073

Mailing Address

1733 PACE ISLAND TRACE
ORANGE PARK FL 32073

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90007 013 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/05/1988

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☒ DELETE
NAME HARRISON, MELVIN R
STREET ADDRESS 1733 PACE ISLAND TRACE
CITY-ST-ZIP ORANGE PARK FL

TITLE PD ☒ DELETE
NAME WOOD, SUSAN D.
STREET ADDRESS 1733 PACE ISLAND TRACE
CITY-ST-ZIP ORANGE PARK FL

TITLE SD ☒ DELETE
NAME HALTER, KATHLEEN A.
STREET ADDRESS 1733 PACE ISLAND TRACE
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☒ DELETE
NAME MORIARTY, JOHN
STREET ADDRESS 1577 CHAIN FERN WAY
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☒ DELETE
NAME KILNER, F DIANE
STREET ADDRESS 1733 PACE ISLAND TRACE
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☒ DELETE
NAME PINHO, MICHAEL
STREET ADDRESS 2242 SALT MYRTLE LANE
CITY-ST-ZIP ORANGE PARK FL 32073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Wilfrid Wilkinson, III
1.3 STREET ADDRESS 1775 Button Bush Way
1.4 CITY-ST-ZIP Orange Park, FL 32073

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Lloyd Henderson
2.3 STREET ADDRESS 1545 Marsh Rabbit Way
2.4 CITY-ST-ZIP Orange Park, FL 32073

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Sophonia Rainey
3.3 STREET ADDRESS 2207 Salt Myrtle Lane
3.4 CITY-ST-ZIP Orange Park, FL 32073

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME John Moriarty
4.3 STREET ADDRESS 1577 Chain Fern Way
4.4 CITY-ST-ZIP Orange Park, FL 32073

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Ralph Crist
5.3 STREET ADDRESS 1790 Holly Flower Lane
5.4 CITY-ST-ZIP Orange Park, FL 32073

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME John Williams
6.3 STREET ADDRESS 1476 Water Pipit Lane
6.4 CITY-ST-ZIP Orange Park, FL 32073

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, Florida Statutes, and 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)