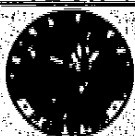


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N32303 (2)

1. Corporation Name

PALM TERRACE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**202 CIRCLE DRIVE
333 S. TAMMAM TRAIL
VENICE FL 34285
US**

**3223 N. LOCKWOOD RIDGE ROAD
STE. 202
SARASOTA FL 34234
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/15/1989** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0116962** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KORP, WILLIAM R.
333 S. TAMMAM TRAIL
VENICE FL 34285**

81 Name **Watts, Dana**

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

83 **1620 MAIN ST. 34236**

84 City **Sarasota**

85 Zip Code **FL 34236**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Twilla Taylor*

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

(NOTE: Registered Agent signature required when re-registering)

April 13, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **ELWOOD, ARTHUR**
STREET ADDRESS **3223 N LOCKWOOD RD 178**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP**
NAME **BENNER, MARVIN**
STREET ADDRESS **3223 N LOCKWOOD RD 5**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **VP** ☐ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S**
NAME **TAYLOR, TWILLA**
STREET ADDRESS **3223 N LOCKWOOD RDG RD 202**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE **Sgt.** ☐ Change ☐ Addition
3.2 NAME **SAME**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T**
NAME **WOODWARD, ADELINE**
STREET ADDRESS **3223 N LOCKWOOD RDG RD 175**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE **D** ☒ Change ☒ Addition
4.2 NAME **Mr. Elwood Roebber**
4.3 STREET ADDRESS **3223 N. Lockwood Rd. Rd. 193**
4.4 CITY-ST-ZIP **Sarasota, Fla. 34234**

TITLE **D**
NAME **DELGADO, UNA**
STREET ADDRESS **3223 N LOCKWOOD RDG RD 153**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **SAME**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **BARNEY, FRED**
STREET ADDRESS **3223 N LOCKWOOD RDG RD 113**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **SAME**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Twilla Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1995

DATE

813-347-5621

DAYTIME PHONE #