FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. TAMIAMI 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KORP, WILLIAM R.
333 S. TAMIAMI TRAIL
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name: Watts, Dana
82 Street Address (P.O. Box Number is Not Acceptable): ~~1000 Main St.~~
83: 7620 Main St. 34236
84 City: Sarasota FL 85 Zip Code: 34238

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 — April 13, 1995
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	P	1.1 TITLE	P	☐ Change ☐ Addition
NAME	ELWOOD, ARTHUR	1.2 NAME		
STREET ADDRESS	3223 N KLOICKWOOD RD 176	1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	BENNER, MARVIN	2.2 NAME		
STREET ADDRESS	3223 N LOCKWOOD RD 5	2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	ST.	☐ Change ☐ Addition
NAME	TAYLOR, TWILLA	3.2 NAME		
STREET ADDRESS	3223 N LOCKWOOD RDG RD 202	3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	D	☒ Change ☒ Addition
NAME	WOODWARD, ADELINE	4.2 NAME		
STREET ADDRESS	3223 N LOCKWOOD RDG RD 175	4.3 STREET ADDRESS	Mr. Elwood Roeber 3223 N. Lockwood Rdg. Rd. 193	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, Fla. 34234	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	DELGADO, UNA	5.2 NAME		
STREET ADDRESS	3223 N LOCKWOOD RDG RD 153	5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	BARNEY, FREDA	6.2 NAME		
STREET ADDRESS	3223 N LOCKWOOD RDG RD 113	6.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	SARASOTA FL	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)(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: Twilla Taylor — Twilla Taylor — April 13, 1995 — 813-357-5621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000043