

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32303 (2)

1. Corporation Name

PALM TERRACE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

202 CIRCLE DRIVE
333 S. TAMiami TRAIL
VENICE FL 34285
US

Mailing Address

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

3. Date Incorporated or Qualified

05/15/1989

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

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

KOPP, WILLIAM R.
1620 MAIN ST
SARASOTA FL 34236

81

Name **DANA J. MATOS, ARMY.**

82

Street Address (P.O. Box Number is Not Acceptable)
1620 MAIN ST., Ste. 1

83

SARASOTA, FL. 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

7-29-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	ELWOOD, ARTHUR	3223 N KLOICKWOOD RD 176	SARASOTA FL	<input type="checkbox"/>
VP	BENNER, MARVIN	3223 N LOCKWOOD RD 5	SARASOTA FL	<input type="checkbox"/>
ST	TAYLOR, TWILLA	3223 N LOCKWOOD RDG RD 202	SARASOTA FL	<input type="checkbox"/>
D	ROEBER, ELWOOD	3223 N. LOCKWOOD RDG. RD. #183	SARASOTA FL	<input type="checkbox"/>
D	DELGADO, UNA	3223 N LOCKWOOD RDG RD 153	SARASOTA FL	<input type="checkbox"/>
D	BARNEY, FRED	3223 N LOCKWOOD RDG RD 113	SARASOTA FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

200001925002

08/19/96 01005 051

*****61.25**

WICKHAM, JASON
3223 N. LOCKWOOD RDG. RD. 137
SARASOTA, FL.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-96
Date

941-351-5621
Daytime Phone #

CR2E037 (3/96)