

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**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

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. MATSUS, 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

7-29-96
 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELWOOD, ARTHUR	1.2 NAME
STREET ADDRESS	3223 N KLOICKWOOD RD 176	1.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNER, MARVIN	2.2 NAME
STREET ADDRESS	3223 N LOCKWOOD RD 5	2.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, TWILLA	3.2 NAME
STREET ADDRESS	3223 N LOCKWOOD RDG RD 202	3.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEBER, ELWOOD	4.2 NAME
STREET ADDRESS	3223 N. LOCKWOOD RDG. RD. #183	4.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, UNA	5.2 NAME
STREET ADDRESS	3223 N LOCKWOOD RDG RD 153	5.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNEY, FRED A	6.2 NAME
STREET ADDRESS	3223 N LOCKWOOD RDG RD 113	6.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP

200001925002

~~08/19/96~~ **01005-051** Change Addition

*****61.25**

8) **WICKHAM, JIM**

3223 N. LOCKWOOD RDG. RD. 187

SARASOTA, FL.

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

7-29-96 **941-351-5621**
 Date Daytime Phone #

CR2E037 (3/96)