


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32303 (2)**  
1. Corporation Name  
**PALM TERRACE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>202 CHOCLE DRIVE 333 S. TAMiami TRAIL VENICE FL 34285 US</b>	Mailing Address <b>3223 N. LOCKWOOD RIDGE ROAD STE. 202 SARASOTA FL 34234-6540 US</b>
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3. Date Incorporated or Qualified <b>05/15/1989</b>	3a. Date of Last Report <b>08/16/1996</b>
4. FEI Number <b>65-0116962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**WATTS, DANA J.  
1620 MAIN ST  
STE 1  
SARASOTA FL 34236**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ELWOOD, ARTHUR</b>
STREET ADDRESS	<b>3223 N LOCKWOOD RD 176</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>BENNER, MARVIN</b>
STREET ADDRESS	<b>3223 N LOCKWOOD RD 5</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>TAYLOR, TWILLA</b>
STREET ADDRESS	<b>3223 N LOCKWOOD RDG RD 202</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROEBER, ELWOOD</b>
STREET ADDRESS	<b>3223 N. LOCKWOOD RDG. RD. #193</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DELGADO, UNA</b>
STREET ADDRESS	<b>3223 N LOCKWOOD RDG RD 153</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WICKHAM, LEE</b>
STREET ADDRESS	<b>3223 N. LOCKWOOD RDG. RD. 137</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Moved away. Will have an election for Pres. in the 9 all when people return.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)

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**-06/20/97--01061--002**  
**\*\*\*61.25**