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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:18

DOCUMENT # **N94000003966 (8)**

1. Corporation Name

PALMONA PARK CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PARKSIDE COMMUNITY 235 STOCKTON STREET NO. FORT MYERS FL 33903	C/O PARKSIDE COMMUNITY 235 STOCKTON STREET NO. FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report:
4. FEI Number: APPLIED FOR ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

JACKSON, DOUGLAS E
C/O PARKSIDE COMMUNITY
235 STOCKTON STREET
NO. FORT MYERS FL 33903

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHITTUM, RAY J 340 CAPITAL STREET NO. FORT MYERS FL 33903	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAULFIELD, JAN 241 STATE STREET NO. FORT MYERS FL 33903	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIKE, MARION 1732 ATLANTIC AVENUE NO. FORT MYERS FL 33903	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HYLTEN, MILDRED 229 STATE STREET NO. FORT MYERS FL 33903	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLS, MICHELLE 225 SACRAMENTO STREET NO. FORT MYERS FL 33903	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
P WELCH, JAMES R. 329 MONTEREY STREET NO. FORT MEYERS FL 33903	
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition
V WIKE, JEAN 1732 ATLANRIC AVENUE NO. FORT MYERS FL #33903	
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition
T WALLS, THELMA M. 245 SACRAMENTO STREET NO. FORT MYERS FL 33903	
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition
S GREAR, PEGGY A, 257 ELLIS STREET NO. FORT MYERS FL 33903	
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☒ Change ☐ Addition
D JACKSON, DOUGLAS E. 235 STOCKTON STREET NO. FORT MEYERS FL 33903	
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition
REMITTED BY MAIL	

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: James R. Welch 4/25/95 813-997-5070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

James R. Welch, President

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