

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003966 (8)
1. Corporation Name
PALMONA PARK CIVIC ASSOCIATION, INC.



Principal Place of Business C/O PARKSIDE COMMUNITY 235 STOCKTON STREET NO. FORT MYERS FL 33903-2847	Mailing Address C/O PARKSIDE COMMUNITY 235 STOCKTON STREET NO. FORT MYERS FL 33903-2847
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1994	3a. Date of Last Report 12/31/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0578444	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired FE	\$0.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes NO EGW.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACKSON, DOUGLAS E 235 STOCKTON STREET NO. FORT MYERS FL 33903-2847				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, JAMES R	1.2 NAME	
STREET ADDRESS	329 MONTERREY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO. FORT MYERS FL 33903	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIKE, JEAN	2.2 NAME	VP Janet Wilt
STREET ADDRESS	1732 ATLANTIC AVE	2.3 STREET ADDRESS	558 Ellis St
CITY-ST-ZIP	NO. FORT MYERS FL 33903	2.4 CITY-ST-ZIP	N. Ft. Myers, Fl. 33903
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIKE, JEAN	3.2 NAME	
STREET ADDRESS	1732 ATLANTIC AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, MARGARET	4.2 NAME	
STREET ADDRESS	1850 RIVERSIDE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DOUGLAS E	5.2 NAME	
STREET ADDRESS	235 STOCKTON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO. FORT MYERS FL 33903	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARATINO, JOSEPH	6.2 NAME	
STREET ADDRESS	234 SACRAMENTO STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NO. FORT MYERS FL 33903	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.

SIGNATURE _____

CR2E037 (9/96)