

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003966

1. Entity Name

PALMONA PARK CIVIC ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90129 023 ****61.25

Principal Place of Business

Mailing Address

C/O PARKSIDE COMMUNITY
235 STOCKTON STREET
NO. FORT MYERS FL 33903-2847

C/O PARKSIDE COMMUNITY
235 STOCKTON STREET
NO. FORT MYERS FL 33903-2847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0578444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, DAUGLAS E
235 STOCKTON STREET
NO. FORT MYERS FL 33903-2847

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILT, FORREST	
STREET ADDRESS	558 ELLIS ST.	
CITY-ST-ZIP	N. FT MYERS FL 33903	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WIKE, MARION M	
STREET ADDRESS	1732 ATLANTIC AVE-	
CITY-ST-ZIP	NO. FORT MYERS FL 33903	
TITLE	T	<input type="checkbox"/> Delete
NAME	WIKE, JEAN	
STREET ADDRESS	1732 ATLANTIC AVENUE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHEELER, MARGARET	
STREET ADDRESS	1850 RIVERSIDE DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARATINO, JOSEPH	
STREET ADDRESS	234 SACRAMENTO STREET	
CITY-ST-ZIP	NO. FORT MYERS FL 33903	
TITLE	S	<input type="checkbox"/> Delete
NAME	BODENHAER, MARY	
STREET ADDRESS	441 CLARK ST.	
CITY-ST-ZIP	N. FT MYERS FL 33903-3309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Wheeler President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00
Date

9419978094
Daytime Phone #

CR2E037 (9/99)