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May 08 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 # **N96000000604 (6)**

1. Corporation Name

**PALM TERRACE COMMUNITY RESIDENT ASSOCIATION, INC**



Principal Place of Business

Mailing Address

**4813 MONCRIEF RD.  
JACKSONVILLE FL 32209**

**4813 MONCRIEF RD.  
JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified  
**02/01/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**SMITH, DR. DIANE L  
4813 MONCRIEF RD.  
JACKSONVILLE FL 32209**

4. FEI Number  
**59-3241663**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D President</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOUNT, TONIA</b>	1.2 NAME	<b>SMITH, AUDREY</b>
STREET ADDRESS	<b>4809 MONCRIEF RD., #1</b>	1.3 STREET ADDRESS	<b>D 1595 West 36th Street #2</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>
TITLE	<b>D Vice-President</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, ANGELA</b>	2.2 NAME	<b>DIAL, PEGGY</b>
STREET ADDRESS	<b>4809 MONCRIEF RD., #3</b>	2.3 STREET ADDRESS	<b>4809 MONCRIEF RD. #4</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>
TITLE	<b>D Secretary</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, AUDREY</b>	3.2 NAME	<b>CALLAHAN, ROBIN</b>
STREET ADDRESS	<b>4824 MONCRIEF RD., #7</b>	3.3 STREET ADDRESS	<b>1599 WEST 36th STREET # 7</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>
TITLE	<b>D Treasurer</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWSON, FLORIAN</b>	4.2 NAME	<b>DAVIS, KIMBERLY</b>
STREET ADDRESS	<b>4801 MONCRIEF RD., #15</b>	4.3 STREET ADDRESS	<b>1599 WEST 36th STREET #6</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>
TITLE	<b>D Sargent-At-Arms</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D Chaplin</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRETCHEN, BRENDA</b>	5.2 NAME	<b>BATES, TAMMY</b>
STREET ADDRESS	<b>4846 MONCRIEF RD., #1</b>	5.3 STREET ADDRESS	<b>4616 MONCRIEF RD #8</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	5.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>
TITLE	<b>D 2nd Vice-President</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D Sargent-At-Arms</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRICE, REGINA</b>	6.2 NAME	<b>ESTRADA, TONYA</b>
STREET ADDRESS	<b>1599 W. 36TH ST., #3</b>	6.3 STREET ADDRESS	<b>4646 MONCRIEF RD #9</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	6.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>

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: *Kimberly A. Davis* **KIMBERLY A. DAVIS**

9/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0076765

CR2E037 (9/96)