FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

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

4. FEI Number **59-3241663**   Applied For   Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 _Dr. Diane Smith_
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, AUDREY		1.2 NAME	
STREET ADDRESS	1595 WEST 36TH STREET, #2		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DIAL, PEGGY		2.2 NAME	
STREET ADDRESS	4809 MONCRIEF RD., #4		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, ROBIN		3.2 NAME	
STREET ADDRESS	1599 WEST 36TH ST., #7		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, KIMBERLY		4.2 NAME	
STREET ADDRESS	1599 WEST 36TH ST., #6		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BATES, TAMMY		5.2 NAME	
STREET ADDRESS	4616 MONCRIEF RD, #8		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ESTRADA, TONYA		6.2 NAME	
STREET ADDRESS	4646 MONCRIEF RD., #9		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

14. 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 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: _Dr. Diane Smith_   3/9/98

CR2E037 (10/97)