

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90011 044 ****61.25

DOCUMENT # N96000000604

1. Corporation Name

PALM TERRACE COMMUNITY RESIDENT ASSOCIATION, INC

Principal Place of Business

4813 MONCRIEF RD.
JACKSONVILLE FL 32209

Mailing Address

4813 MONCRIEF RD.
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

32208

USA

3. Date Incorporated or Qualified

02/01/1996

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

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

DR. Diane Smith-Clark

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

4813 Moncrief Rd

83 City

Jacksonville, FL

84 State

FL

85 Zip Code

32209

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

TITLE PD ☐ DELETE
NAME SMITH, AUDREY
STREET ADDRESS 1595 WEST 36TH STREET, #2
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ DELETE
NAME DIAL, PEGGY
STREET ADDRESS 4809 MONCRIEF RD., #4
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☐ DELETE
NAME CALLAHAN, ROBIN
STREET ADDRESS 1599 WEST 36TH ST., #7
CITY-ST-ZIP JACKSONVILLE FL

TITLE DT ☐ DELETE
NAME DAVIS, KIMBERLY
STREET ADDRESS 1599 WEST 36TH ST., #6
CITY-ST-ZIP JACKSONVILLE FL

TITLE DC ☐ DELETE
NAME BATES, TAMMY
STREET ADDRESS 4616 MONCRIEF RD, #8
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☐ DELETE
NAME ESTRADA, TONYA
STREET ADDRESS 4646 MONCRIEF RD., #9
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Advisor/Administrator ☐ Change ☒ Addition
1.2 NAME DR. Diane Smith-Clark
1.3 STREET ADDRESS 4813 Moncrief Rd
1.4 CITY-ST-ZIP Jacksonville, FL 32209

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Louise Chappell
2.3 STREET ADDRESS 4634 Moncrief Rd #2
2.4 CITY-ST-ZIP Jacksonville, FL 32209

3.1 TITLE Vice President ☒ Change ☐ Addition
3.2 NAME Patricia Robinson
3.3 STREET ADDRESS 4616 Moncrief Rd #4
3.4 CITY-ST-ZIP Jacksonville, FL 32209

4.1 TITLE Secretary ☒ Change ☐ Addition
4.2 NAME Sheila Bell
4.3 STREET ADDRESS 4829 Moncrief Rd #5
4.4 CITY-ST-ZIP Jacksonville, FL 32209

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other, like empowered.

SIGNATURE:

Dr. Diane Smith-Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/99
Date

766-6219
Daytime Phone #

CR2E037 (5/99)