

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000604

1. Entity Name

**PALM TERRACE COMMUNITY RESIDENT ASSOCIATION, INC**

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

07-06-2000 90007 033 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4813 MONCRIEF RD.  
JACKSONVILLE FL 32209

PO BOX 9148  
JACKSONVILLE FL 32208-0148  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3241663

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH-CLARK, DIANE DR  
4813 MONCRIEF RD.  
JACKSONVILLE FL 32209

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

*Diane V Smith Clark*

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

(NOTE: Registered Agent signature required when reinstating)

6/28/00

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 PD ☐ Delete  
NAME CHAPPELL, LOUISE  
STREET ADDRESS 4634 MONCRIEF RD #2  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME ROBINSON, PATRICIA  
STREET ADDRESS 4616 MONCRIEF RD #4  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME BELL, SHEILA  
STREET ADDRESS 4829 MONCREIF RD #5  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: *Diane V Smith Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/28/00 (904) 765-6400

CR2E037 (9/99)