

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90193 022 \*\*\*\*61.25

**DOCUMENT # N96000000604**

1. Entity Name

**PALM TERRACE COMMUNITY RESIDENT ASSOCIATION, INC**



Principal Place of Business

**4813 MONCRIEF RD.  
JACKSONVILLE FL 32209**

Mailing Address

**PO BOX 9148  
JACKSONVILLE FL 32208  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3241663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **SANDERS, HARRIET**  
STREET ADDRESS **4801 MONCRIEF RD. #7**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **VPD** ☐ Delete  
NAME **ROSS, SONYA**  
STREET ADDRESS **4646 MONCRIEF ROAD #17**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Katrina Brockman**  
STREET ADDRESS **4847 Moncrief Rd. #11**  
CITY-ST-ZIP **Jacksonville, FL 32209**

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

TITLE ☒ Change ☐ Addition  
NAME **Keenila Bush**  
STREET ADDRESS **4857 Moncrief Rd #11**  
CITY-ST-ZIP **Jacksonville FL 32209**

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

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

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: *Sonya Ross* **SIGNATURE REQUIRED**

January 8, 2003 766-6219

CR2E037 (10/02)