

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N28711 (2)
1. Corporation Name

PACE ISLAND OWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:22

Principal Place of Business Mailing Address
1733 PACE ISLAND TRACE 1733 PACE ISLAND TRACE
ORANGE PARK FL 32073 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/05/1988	3a. Date of Last Report 01/24/1994
4. FEI Number 59-2927306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IFS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

POWELL, TERRELL J.
1890 S. 14TH ST.
STE 105
FERNANDINA BCH FL 32034

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VTD	MIXON, BEN W.	1733 PACE ISLAND TRACE	ORANGE PARK FL					<input type="checkbox"/>	<input type="checkbox"/>
PD	WOOD, SUSAN D.	1733 PACE ISLAND TRACE	ORANGE PARK FL					<input type="checkbox"/>	<input type="checkbox"/>
SD	MOORE, CHERYL A.	1733 PACE ISLAND TRACE	ORANGE PARK FL					<input type="checkbox"/>	<input type="checkbox"/>
D	LLOYD HENDERSON	1545 MARSH RABBIT WAY	ORANGE PARK FL	D	ANDERSON, GERALD W.	2247 SALT MYRTLE LANE	ORANGE PARK FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DIANE CORR	1994 SALT MYRTLE LANE	ORANGE PARK FL					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan D. Wood Susan D. Wood, President 1/26/95 904/264-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if new)