

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28711** (2)
1. Corporation Name
PACE ISLAND OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **10/05/1988** 3a. Date of Last Report **02/13/1995**
4. FEI Number **59-2927306** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

81 Name **Terrell J. Powell**
82 Street Address (P.O. Box Number is Not Acceptable) **2215 E. State Rd 200**
83
84 City **Yulee** FL 85 Zip Code **32097**

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 *Terrell J. Powell* **Terrell J. Powell** **2/23/96**
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	VTD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIXON, BEN W.	1.2 NAME	HALTER, KATHLEEN A.
STREET ADDRESS	1733 PACE ISLAND TRACE	1.3 STREET ADDRESS	1733 PACE ISLAND TRACE
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	ORANGE PARK FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, SUSAN D.	2.2 NAME	RUGGLES, JAMES
STREET ADDRESS	1733 PACE ISLAND TRACE	2.3 STREET ADDRESS	1780 HOLLY FLOWER LANE
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	ORANGE PARK FL 32073 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	MOORE, CHERYL A.	3.2 NAME	
STREET ADDRESS	1733 PACE ISLAND TRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GERALD W.	4.2 NAME	
STREET ADDRESS	2247 SALT MYRTLE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE CORR	5.2 NAME	
STREET ADDRESS	1994 SALT MYRTLE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Susan D. Wood* **Susan D. Wood** **2/16/96** **904-264-8784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)