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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 1733 PACE ISLAND TRACE  
ORANGE PARK FL 32073 ORANGE PARK FL 32073-7035

3. Date Incorporated or Qualified 10/05/1988  
3a. Date of Last Report 02/28/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2927306 Applied For Not Applicable  
22. Suite, Apt #, etc. 27. Suite, Apt #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24. Zip Country 29. Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
POWELL, TERRELL J.  
2215 E STATE ROAD 200  
YULEE FL 32097  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIXON, BEN W.	1.2 NAME	HARRISON, MELVIN R.
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
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	HENDERSON, LLOYD
STREET ADDRESS	1733 PACE ISLAND TRACE	2.3 STREET ADDRESS	1545 MARSH RABBIT WAY
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALTER, KATHLEEN A.	3.2 NAME	PINHO, MICHAEL
STREET ADDRESS	1733 PACE ISLAND TRACE	3.3 STREET ADDRESS	1589 CHAIN FERN WAY
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, GERALD W.	4.2 NAME	MORIARTY, JOHN
STREET ADDRESS	2247 SALT MYRTLE LANE	4.3 STREET ADDRESS	1577 CHAIN FERN WAY
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUGGLES, JAMES	5.2 NAME	KILNER, F. DIANE
STREET ADDRESS	1780 HOLLY FLOWER LANE	5.3 STREET ADDRESS	1733 PACE ISLAND TRACE
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	ORANGE PARK FL 32073 <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 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.

SIGNATURE: *Susan D. Wood, President* 3-10-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001003

CR2E037 (9/96)