

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90007 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28711

1. Corporation Name
PACE ISLAND OWNERS ASSOCIATION, INC.

Principal Place of Business 1733 PACE ISLAND TRACE ORANGE PARK FL 32073	Mailing Address 1733 PACE ISLAND TRACE ORANGE PARK FL 32073
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/05/1988
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2927306
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, MELVIN R	1.2 NAME	Wilfrid Wilkinson, III
STREET ADDRESS	1733 PACE ISLAND TRACE	1.3 STREET ADDRESS	1775 Button Bush Way
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, SUSAN D.	2.2 NAME	Lloyd Henderson
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALTER, KATHLEEN A.	3.2 NAME	Sophonia Rainey
STREET ADDRESS	1733 PACE ISLAND TRACE	3.3 STREET ADDRESS	2207 Salt Myrtle Lane
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIARTY, JOHN	4.2 NAME	John Moriarty
STREET ADDRESS	1577 CHAIN FERN WAY	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	KILNER, F DIANE	5.2 NAME	Ralph Crist
STREET ADDRESS	1733 PACE ISLAND TRACE	5.3 STREET ADDRESS	1790 Holly Flower Lane
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINHO, MICHAEL	6.2 NAME	John Williams
STREET ADDRESS	2242 SALT MYRTLE LANE	6.3 STREET ADDRESS	1476 Water Pipit Lane
CITY-ST-ZIP	ORANGE PARK FL 32073	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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, with all other like empowered.

SIGNATURE: _____ **7-8-99** **904-278-5576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)