

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90312 010 ****61.25

0006129

DOCUMENT # N28711

1. Entity Name

PACE ISLAND OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1545 ROYAL FERN LANE
 ORANGE PARK FL 32073

1545 ROYAL FERN LANE
 ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2927306

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, TERRELL J.
 2215 E STATE ROAD 200
 YULEE FL 32097**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	WHALE, CLARENCE F JR	1473 MARSH RABBIT WAY	ORANGE PARK FL 32073	<input checked="" type="checkbox"/>
VD	SIDNEY, RICHARD	1612 ROYAL FERN LANE	ORANGE PARK FL 32073	<input checked="" type="checkbox"/>
SD	RAINEY, SOPHONIA	2207 SALT MYRTLE LANE	ORANGE PARK FL 32073	<input checked="" type="checkbox"/>
D	RAINEY, SOPHONIA	2207 SALT MYRTLE LANE	ORANGE PARK FL 32073	<input checked="" type="checkbox"/>
TD	MORIARTY, JOHN	1577 CHAIN FERN WAY	ORANGE PARK FL 32073	<input checked="" type="checkbox"/>
D VD	CRIST, RALPH	1790 HOLLY FLOWER LANE	ORANGE PARK FL 32073	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Reece H Howard	1859 ROYAL FERN LANE	O/P FL 32003	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JONATHAN BROWN	1922 ROSE MALLOW LN		<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	VELMA PORTER	1523 BLUE BELLFLOWER CT	O/P FL 32003	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Jerry JEAKLE	1804 HOLLY FLOWER	O/P FL 32003	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Lee SOUTHWELL	2201 SALT MYRTLE LN		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	TONY AVENA	1416 WATER PIPIT LN	O/P FL 32003	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Reece H. Howard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01

Date

Daytime Phone #

CR2E037 (10/00)