

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90057 025 ****61.25

0053833

DOCUMENT # 722736

1. Entity Name

PALM GARDEN APARTMENTS CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

**10249 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410****C/O PRIDE PROPERTY MGT
111 EGRET DR
JUPITER FL 33458**

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

59-1478684

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PIECWICZ, ALAN
C/O PRIDE PROPERTY MANAGEMENT
111 EGRET DR
JUPITER FL 33958**

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
**SD
MCKINNEY, KAREN
10193 N. MILITARY TRL 103S
PALM BEACH GARDENS FL 33410** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BRADLEY, J. WAYNE
10193 N. MILITARY TRL 104S
PALM BCH GARDENS FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~READOL, KATHY~~
10249 N. MILITARY TR. (102)
PALM BEACH GARDENS, FL 33410** ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JUDY ASHBURN
10249 N. MILITARY TRL 205N
PALM BCH GARDENS FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAMBLE, TERRY
10249 N. MILITARY TRL 101N
WEST PALM BEACH FL 33410** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
EVANS, BETTY
10249 N. MILITARY TRL 204N
PALM BCH GARDENS FL 33410** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *J. S. N. L. F. R. K. U. I. R. E. D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

351-6406

Daytime Phone #

CR2E037 (10/00)