

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732886

1. Entity Name

TWIN PALM APARTMENTS ASSOCIATION, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90232 041 ****61.50

Principal Place of Business

277 S. BREVARD #2
COCOA BCH FL 32931

Mailing Address

~~277 S. BREVARD #2~~
~~COCOA BCH FL 32931-2762~~
4150 US Hwy 1
Grant, FL 32949

2. Principal Place of Business

3. Mailing Address

4150 US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Grant, FL

Zip

Country

Zip

Country

32949 US

4. FEI Number

59-1654349

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

HOLSTEIN, BARBARA

~~277 S. BREVARD #2~~ 4150 US Hwy 1
~~COCOA BEACH FL 32931~~ Grant, FL 32949

Name

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

4150 US Hwy 1

City

Grant

FL

Zip Code

32949

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

Barbara Holstein

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/00

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

TITLE D ☐ Delete
NAME SPARKS, TIM
STREET ADDRESS 275 S. BREVARD #2
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE PD ☐ Delete
NAME GLOVAS, JOSEPH
STREET ADDRESS 277 S. BREVARD AVE. #3
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ST ☐ Delete
NAME HOLSTEIN, BARBARA
STREET ADDRESS 277 S. BREVARD #2
CITY-ST-ZIP COCOA BEACH, FL 00000

TITLE D ☐ Delete
NAME KOLSCH, HENRY
STREET ADDRESS 279 S. BREVARD
CITY-ST-ZIP COCOA BEACH FL

TITLE VD ☐ Delete
NAME HOLSTEIN, FREDERICK
STREET ADDRESS 277 S. BREVARD AVE. #2
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4150 US HWY 1
CITY-ST-ZIP Grant, FL 32949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4150 US HWY 1
CITY-ST-ZIP Grant, FL 32949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Barbara Holstein Secretary/Treasurer 2/21/00 321-733-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)