

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90132 018 \*\*\*\*61.25

**DOCUMENT # 733618**

1. Entity Name

**THE PALM CLUB ASSOCIATION, INC.**



Principal Place of Business

**38 CLUB HOUSE DR  
#100  
PALM COAST FL 32137**

Mailing Address

**38 CLUB HOUSE DR  
#100  
PALM COAST FL 32137**

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 **59-1742430**

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

**MIKLO, JANE  
40 CLUBHOUSE DRIVE  
#103  
PALM COAST FL 32137**

Name

**SHOAF, DORIS**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Doris R. Shoaf*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTINI, LAWRENCE C</b>	
STREET ADDRESS	<b>56 CLUBHOUSE DRIVE #202</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SHOAF, DORIS R</b>	
STREET ADDRESS	<b>56 CLUBHOUSE DRIVE #107</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MARSDEN, DONALD</b>	
STREET ADDRESS	<b>46 CLUBHOUSE DRIVE #103</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MIKLO, JANE</b>	
STREET ADDRESS	<b>40 CLUBHOUSE DRIVE #103</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, JOHN</b>	
STREET ADDRESS	<b>40 CLUBHOUSE DR #208</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARE TUOHY</b>	
STREET ADDRESS	<b>46 CLUB HOUSE DR, #102</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHOAF, DORIS R</b>	
STREET ADDRESS	<b>56 CLUBHOUSE DRIVE #107</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEAN NOBLE</b>	
STREET ADDRESS	<b>40 CLUB HOUSE DR, #101</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKLO, JANE</b>	
STREET ADDRESS	<b>40 CLUB HOUSE DRIVE #103</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MALONEY, EILEEN</b>	
STREET ADDRESS	<b>58 CLUB HOUSE DRIVE #101</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	

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:

*Doris R. Shoaf*

CR2E037 (10/02)