

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90176 021 ****61.25

DOCUMENT # 735878

1. Entity Name

PALM-AIRE VILLAGE PRIVATE HOME TOWNHOUSE PARK BO

Principal Place of Business

Mailing Address

P. O. BOX 9362
 FT. LAUDERDALE FL 33309-1367

P. O. BOX 9362
 FT. LAUDERDALE FL 33310-9362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1791825

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GIBRIS, LYNN
 6944 NW 30 AVE
 FT. LAUDERDALE FL 33309

Name **Ken Solloway**

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

2989 NW 68th St

City **Fort Lauderdale FL**

Zip Code **33309**

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

Ken Solloway

2-20-00

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	PSD GIBRIS, LYNN 6944 NW 30 AVE FT. LAUDERDALE FL 33309	Delete Keep
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER-DIAZ, CLAUDIA 6811 NW 29 AVE FT. LAUDERDALE FL 33309	Delete Keep
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIBRIS, WILLIAM 6944 NW 30 AVE FT LAUDERDALE FL 33309	Delete Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ken Solloway 2989 NW 68th St Fort Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ken Solloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-00

Date

954-524-4200

Daytime Phone #

X 727

CR2E037 (9/99)