

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741202

1. Entity Name

PALM BEACH WINDEMERE, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

~~958 S. DIXIE HWY.~~
~~LANTANA FL 33462~~
~~US~~

~~958 S. DIXIE HWY.~~
~~LANTANA FL 33462~~
~~US~~

2. Principal Place of Business

3. Mailing Address

934 S. Dixie Hwy

934 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lantana FL

Lantana FL

Zip 33462

Country USA

Zip 33462

Country USA

4. FEI Number

59-1910599

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

JAAKKOLA, ANNE

~~958 S. DIXIE HWY.~~

LANTANA FL 33462

Name

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

934 S. Dixie Hwy

City

Lantana

FL

Zip 33462

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

TITLE ~~PD~~ ☒ Delete

NAME HABEL, WOLFGANG, DR
STREET ADDRESS 4200 S OCEAN BLVD #203
CITY-ST-ZIP SOUTH PALM BCH FL

TITLE ~~STD VP~~ ☐ Delete

NAME MIKKOLA, HANNU
STREET ADDRESS 4200 S OCEAN BLVD #601
CITY-ST-ZIP SOUTH PALM BCH FL

TITLE ~~D~~ ☐ Delete

NAME CROZIER, LYDIA
STREET ADDRESS 258 LIST RD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~ST~~ ☐ Change ☒ Addition

NAME MARGARET EHDE
STREET ADDRESS 4200 S OCEAN BLVD
CITY-ST-ZIP S. PALM BEACH FL 33462

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 I's empowered.

SIGNATURE:

[Signature]

4-30-01

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90033 040 ****61.25

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DO NOT WRITE IN THIS SPACE

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