

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744828

1. Entity Name

PALMETTO POINT CIVIC ASSOCIATION, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90093 002 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 637 PALMETTO POINT DR. PALMETTO FL 34221	Mailing Address P. O. BOX 628 PALMETTO FL 34220 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-6163911	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STANFORD, THOMAS G
432 45TH ST. CT. W.
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name _____
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	T	<input type="checkbox"/> Delete
NAME	STANFORD, THOMAS	
STREET ADDRESS	432 45TH ST CT W.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANHOPE, GORDON	
STREET ADDRESS	4404-3RD AVE. W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, JOHN	
STREET ADDRESS	4811 5TH AVE W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLOONEY, DAVID	
STREET ADDRESS	4316-3RD AVE. W.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SLOAN, KENNETH	
STREET ADDRESS	324 50TH ST. W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES	
STREET ADDRESS	315 50TH ST. W.	
CITY-ST-ZIP	PALMETTO FL 34221	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: _____ DATE: **8/9/00** DAYTIME PHONE #: **(941) 722-6334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)