

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 751528

FILED
May 29, 2002 8:00 AM
Secretary of State

Entity Name: PALM AIRE HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 391
TALLEVAST, FL 34270

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 391
TALLEVAST, FL 34270

New Mailing Address:

FEI Number: 59-2223334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, STEPHEN W ESQ.
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKOGLUND, LEONARD
Address: 8065 ESTATES DR.
City-St-Zip: SARASOTA, FL 34243

Title: V () Delete
Name: MCFARLANE, BILL
Address: 8061 ESTATES DR.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: QUINN, HERBERT
Address: 5113 ESTATES CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: SAMPSON, HARRY
Address: 7903 CYPRESS LAKE DR
City-St-Zip: SARASOTA, FL 34243

Title: T () Delete
Name: CRUCET, RAYMOND A TREASUR
Address: 8060 ESTATES DR.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: SKOGLUND, LUCINDA
Address: 8065 ESTATES DR.
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND A. CRUCET

T

05/29/2002

Electronic Signature of Signing Officer or Director

_____ Date