

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 03, 2002 8:00 am**
Secretary of State

06-03-2002 91165 038 ****61.25

DOCUMENT # 759667

1. Entity Name

THE PALMS-WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2325 W. PENSACOLA STREET
TALLAHASSEE FL 32304****2325 W. PENSACOLA STREET
TALLAHASSEE FL 32304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2295176

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

**WOLFE, LARRY S
200-A JOHN KNOX RD
TALLAHASSEE FL 32303**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **PD** ☐ Delete
NAME **DELMONICO, BARBARA**
STREET ADDRESS **12012 N. FOX DEN DRIVE**
CITY-ST-ZIP **KNOXVILLE TN 37922**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **THORN, ERIC**
STREET ADDRESS **215 S. MONROE STREET #804**
CITY-ST-ZIP **TALLAHASSEE FL 32301**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☒ Delete
NAME **BARBER, GENE**
STREET ADDRESS **6405 TANACREST CT**
CITY-ST-ZIP **ATLANTA GA**TITLE ☒ Change ☐ Addition
NAME **NILS BATEMAN**
STREET ADDRESS **2981 INDIAN SPRGS. LN**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED Sec Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-31-02 536.0244

CR2E037 (9/01)