

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761846

1. Entity Name

PALM PLACE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90127 021 ****61.25

Principal Place of Business

PROPER MGMT
2131 NE 30TH ST
POMPANO BCH FL 33064
US

Mailing Address

2131 NE 30TH ST
POMPANO BEACH FL 33064
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2238253

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

PROPER MANAGEMENT
2131 NE 30TH ST
POMPANO BEACH FL 33064

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 \$61.25

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 D
NAME OSBORNE, DOROTHY
STREET ADDRESS 6470 SHERMAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE Ingrid Rios, Director
NAME 411 NW 100 Place
STREET ADDRESS Pembroke Pines, FL, 33024 ☐ Change ☒ Addition

TITLE PD
NAME BABABE, ROSALIND
STREET ADDRESS 459 NW 180 PLACE
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE Treasurer, Director
NAME Sonia Ramos
STREET ADDRESS 18059 NW 4th St.
CITY-ST-ZIP Pembroke Pines, FL 33024 ☐ Change ☒ Addition

TITLE TD
NAME COLON, LILIAN
STREET ADDRESS 10017 NW 4TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☒ Delete

TITLE Director
NAME Audrey Stoll
STREET ADDRESS 10040 NW 6th Street
CITY-ST-ZIP Pembroke Pines, FL, 33024 ☐ Change ☒ Addition

TITLE VP
NAME HOWLETT, JULIE
STREET ADDRESS 2740 EGERT WAY
CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME EKMERO, SHARON
STREET ADDRESS 10055 NW 4TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME VON FRIDRICK, PETER
STREET ADDRESS 10096 DR W 6TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/5/02 (54) 567-9053

CR2E037 (9/01)