

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-27-2001 90332 014 ****61.25

DOCUMENT # 764944

1. Entity Name

CHERLYNN ESTATES PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address

1175 CHERLYNN TERRACE
 WEST PALM BEACH FL 33406

1175 CHERLYNN TERRACE
 WEST PALM BEACH FL 33406

2. Principal Place of Business

1135 CHERLYNN TERR.

3. Mailing Address

1135 CHERLYNN TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPB FL

City & State

WEST PALM BCH FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33406

Country

USA

Zip

33406

Country

USA

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

MARTIN, PATRICK A
 1175 CHERLYNN TERRACE
 WEST PALM BEACH FL 33408

Name **PEGGY APPLETON**

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

1135 CHERLYNN TERR

City **WEST PALM BEACH**

FL

Zip Code **33406**

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

Peggy Appleton
 (NOTE: Registered Agent signature required when reinstating)

2-20-01
 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
 NAME **PD VALDES, LORENZO** Delete
 STREET ADDRESS **1151 CHERLYNN TERR**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE
 NAME **PRESIDENT MARTIN, PATRICK** Change Addition
 STREET ADDRESS **1175 CHERLYNN TERR**
 CITY-ST-ZIP **WPB FL 33406** D

TITLE
 NAME **SD HICKMAN, MARIE** Delete
 STREET ADDRESS **1167 CHERLYNN TERR** D
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE
 NAME **TREASURER PEGGY APPLETON** Change Addition
 STREET ADDRESS **1135 CHERLYNN TERR**
 CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE
 NAME **TD MARTIN, PATRICK A** Delete
 STREET ADDRESS **1175 CHERLYNN TERRACE** D
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME **VP JAN SANTINI** Delete
 STREET ADDRESS **1143 CHERLYNN TERR** D
 CITY-ST-ZIP **W PALM BCH FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 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: *Peggy Appleton*
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy Appleton
 Date

2-20-01
 Date

967-9234
 Daytime Phone #

CR2E037 (10/00)