2001 UNIFORM BUSINESS REPORT (UBR)

1/22/0

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-22-2001 90098 036 ****61.25

DOCUMENT # 768258

1. Entity Name

THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
203 MEANIE CIRCLE E SEBASTIAN FL 32958 US	203 MEANIE CIRCLE E SEBASTIAN FL 32958 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2350690 ☐ Applied For ☒ Not Applicable

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
LUCIER, BERNIE 203 MEANIE CIR E SEBASTIAN FL 32958	Name: SAME AS IN #6 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: Bernie Lucier (TREASURER) Bernie Lucier 1-10-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S LINDER, DENISE 19 ISABELLE AVE SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" Ristie Chuhloff 160 Richard St. Sebastian, FL 32958	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEARY, JACK 114 PHYLLIS DR SEBASTIAN FL 32958	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" Harry Lane 78 Phyllis Dr. Sebastian, FL 32958	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOOMBS, IRVINE 49 ALISA DR SEBASTIAN FL 32958	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" Ken Flickinger 135 Sue Ave Sebastian, FL 32958	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, WALT 31 ALISA DR SEBASTIAN FL 32958	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" Ian Inri 167 Richard St. Sebastian, FL 32958	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIELEA, DON 28 ISABELLE AVE SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"P" Chuck Smits 150 Phyllis Dr. Sebastian, FL 32958	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAERTEN, BOB 95 MARK ALLEN DR SEBASTIAN FL 32958	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"T" Bernie Lucier 203 Meanie Cir. E Sebastian, FL 32958	☐ Change ☐ Addition

CR2E037 (10/00)

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 Bernie Lucier 1-10-01 561-589-2066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #