


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90117 050 \*\*\*\*61.25

<b>DOCUMENT #</b> 770956	
<b>1. Entity Name</b> PALMA PLAZA OWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b> 140 ROYAL PALM WAY, STE. 205 PALM BCH FL 33480	<b>Mailing Address</b> <del>P.O. BOX 2033</del> 140 ROYAL PALM WAY PALM BEACH FL 33480 US
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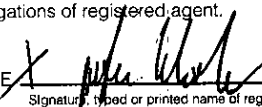


<b>2. Principal Place of Business</b> 140 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 202 City & State PALM BEACH, FLORIDA Zip 33480 Country USA	<b>3. Mailing Address</b> 140 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 202 City & State PALM BEACH, FLORIDA Zip 33480 Country USA
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-2366096		Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b> SCHOLLA, PETER D 140 ROYAL PALM WAY, #201 PALM BEACH FL 33480		
<b>7. Name and Address of New Registered Agent</b> Name: PETER D. SCHOLLA - SECRETARY Street Address (P.O. Box Number is Not Acceptable): 140 ROYAL PALM WAY SUITE 201 City: PALM BEACH FL Zip Code: 33480		

**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. I am familiar with, and accept the obligations of registered agent.**

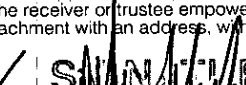
SIGNATURE:  DATE: 1/27/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, RANDOLPH % 140 ROYAL PALM WAY PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METTLER, PETER 140 ROYAL PALM WAY PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOLLA, PETER 140 ROYAL PALM WAY PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 1/27/03 (561) 655-8601

CR2E037 (10/02)