

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90382 029 ****61.25

DOCUMENT # N01000000161

1. Entity Name
LONE PALM BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3901 13TH WAY NE
ST PETERSBURG FL 33703**

Mailing Address

**3901 13TH WAY NE
ST PETERSBURG FL 33703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0576601**

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

**CLARK, ROBERT P
3901 13TH WAY NE
ST PETERSBURG FL 33703**

Name **Tierra Verde Prop.**
Street Address (P.O. Box Number is Not Acceptable) **1110 Pinellas Bayway #207**
City **Tierra Verde** FL Zip Code **33715**

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

Juan Rouanjon, President

3/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, ROBERT P	
STREET ADDRESS	3901 13TH WAY NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WADSWORTH, JUDY K	
STREET ADDRESS	16326 GULF BLVD	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	WADSWORTH, LON C	
STREET ADDRESS	16326 GULF BLVD	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill montes	
STREET ADDRESS	1110 Pinellas Bayway #207	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnard Bernstein	
STREET ADDRESS	1110 Pinellas Bayway #207	
CITY-ST-ZIP	Tierra Verde FL 33715	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Brawner	
STREET ADDRESS	1110 Pinellas Bayway #207	
CITY-ST-ZIP	Tierra Verde FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William Montes REQUIRED

3/5/03

727-3024023

CR2E037 (10/02)