


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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90346 036 \*\*\*\*61.25

**DOCUMENT # N01580**

1. Entity Name  
**WOODS OF PALMA SOLA HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business  
**209- 74TH ST NW  
P. O. BOX 14062  
BRADENTON FL 34209  
US**

Mailing Address  
**209- 74TH ST NW  
P. O. BOX 14062  
BRADENTON FL 34209  
US**

2. Principal Place of Business  
**7410 2nd Ave NW  
Suite, Apt. #, etc.  
PO BOX 14062**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**BRADENTON FL**

City & State  
**City & State**

Zip  
**34209**

Country  
**US**

Zip  
**City & State**

Country  
**City & State**



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**YOUNG, KENNETH  
7409 2ND AVENUE NW  
BRADENTON FL 34209**

**ROGERS, GAIL  
401 73RD STREET  
NW  
BRADENTON, FL 34209**

7. Name and Address of New Registered Agent  
**STURDIVANT, DALE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7414 3rd AVE NW**  
City **BRADENTON** FL Zip Code **34209**

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 **Gail Rogers** **Dale Rogers** **4.4.2003**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROGERS, GAIL 401 73RD STREET NW BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEVEN PEASE 305 72nd ST NW BRADENTON, FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SPEIGEL, ANDREW 209 84TH STREET NW BRADENTON FL 34209</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP IDEL BRAUN 205 73rd ST NW BRADENTON, FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOUEMAN, MARGO 402 73RD ST N.W. BRADENTON FL 34209</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOROTHY JULIEN 318 73rd ST NW BRADENTON, FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CLARK, MARCIA 7410 2ND AVENUE NW BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JUDY PRUITT 204 73rd ST NW BRADENTON, FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KENNETH YOUNG 7409 2ND AVE. N.W. BRADENTON FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES DALE STURDIVANT 7414 3rd AVE NW BRADENTON, FL 34209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRAUN, IDEL 205 73RD STREET NW BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice PRES VICE PRES</b> <input checked="" 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: **Gail Rogers** **DALE STURDIVANT** **4.4.2003** **941 725.2616**

CR2E037 (10/02)