2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
03-26-2002 90036 001 ****61.25

DOCUMENT # N03206

1. Entity Name

PALOMAR TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O LINDA ELERICK & CO.~~ ~~2120 HILLCREST STREET~~ ~~ORLANDO FL 32803~~ ~~US~~	~~C/O LINDA ELERICK & CO.~~ ~~2120 HILLCREST STREET~~ ~~ORLANDO FL 32803~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6 WEST NEW HAMPSHIRE ST	6 WEST NEW HAMPSHIRE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32804 Country: US	Zip: 32804 Country: US.

4. FEI Number: 59-2969910 ☐ 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
~~ELERICK, LINDA M.~~ ~~2120 HILLCREST STREET~~ ~~ORLANDO FL 32803~~	Name: BALDA, RAUL A. Street Address (P.O. Box Number is Not Acceptable): 6 WEST NEW HAMPSHIRE ST City: ORLANDO FL Zip Code: 32804

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: RAUL BALDA 02/01/02
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	~~DPV~~ ~~PASZKOWSKI, SUZANNE~~ ~~3410 GRANT BLVD~~ ~~ORLANDO FL 32804~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RAUL BALDA D 1104 MAURY RD ORLANDO, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DTS~~ ~~ELERICK, LINDA M~~ ~~2120 HILLCREST STREET~~ ~~ORLANDO FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHEILA C. JONES D VICE PRESIDENT 1102 MAURY RD ORLANDO, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~WOOD, PHILIP~~ ~~1069 W. MORSE BLVD.~~ ~~WINTER PARK FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY BRUCE LEONARD D 1100 MAURY RD ORLANDO, FL 32804	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 RAUL BALDA 02/01/02 407 254 0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #