

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

0004661

DOCUMENT # N03206

1. Entity Name

PALOMAR TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 25 AM 8:00

Principal Place of Business

Mailing Address

6 WEST NEW HAMPSHIRE ST
ORLANDO FL 32804
US

6 WEST NEW HAMPSHIRE ST
ORLANDO FL 32804
US

2. Principal Place of Business

1100 maury Rd

3. Mailing Address

1100 maury Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

04/07/03 90966 002 \$6.25
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

BALDA, RAUL A
6 WEST NEW HAMPSHIRE ST
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
Gretchen R.H. Vose

Street Address (P.O. Box Number is Not Acceptable)

2705 W. Fairbanks, Suite 200

City
Winter Park

FL

Zip Code
32789

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/22/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE PD
NAME BALDA, RAUL
STREET ADDRESS 1104 MAURY RD
CITY-ST-ZIP ORLANDO FL 32804 ☒ Delete

TITLE VPD
NAME JONES, SHEILA C
STREET ADDRESS 1102 MAURY ROAD
CITY-ST-ZIP ORLANDO FL 32804 ☒ Delete

TITLE SD
NAME LEONARD, BRUCE
STREET ADDRESS 1100 MAURY ROAD
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Pd
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME Gretchen R.H. Vose
STREET ADDRESS 2705 W. Fairbanks Ave.
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE Tr
NAME Jeffrey Vose
STREET ADDRESS 1102 Maury Rd.
CITY-ST-ZIP Orlando, FL 32804 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/03

Date

Daytime Phone #

CR2E037 (4/03)