

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90206 026 ****61.25

DOCUMENT # N05119

1. Entity Name

THE PALM CLUB WEST VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3720 SAVOY LANE
 WEST PALM BEACH FL 33417**

**3720 SAVOY LANE
 WEST PALM BEACH FL 33417**

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

59-2534805

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

**MEROLA, JAMES R.
 11380 PROSPERITY FARMS ROAD, STE 204
 PALM BCH GARDENS FL 33410**

Name: **KENNETH DIREKTOR**

Street Address (P.O. Box Number is Not Acceptable): **BECKER & POLAKOFF**

500 AUSTRALIAN AVE. SOUTH, 9TH FLOOR

City: **WEST PALM BEACH**

FL

Zip Code: **33401**

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

[Signature]

[Signature] **president**

[Signature] **Ken D. Smith 4/15/02**

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: **VD**
 NAME: **KAPLAN, MIKE**
 STREET ADDRESS: **3720 SAVOY LANE**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

☐ Delete

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

TITLE: **VD**
 NAME: **DEDRICK, ROBERT**
 STREET ADDRESS: **3720 SAVOY LANE**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

☐ Delete

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

TITLE: **TD**
 NAME: **BANNISTER, ROBERT**
 STREET ADDRESS: **3720 SAVOY LANE**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

☐ Delete

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

TITLE: **SD**
 NAME: **LANDERMAN, NORMAN**
 STREET ADDRESS: **3720 SAVOY LANE**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

☐ Delete

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

TITLE: **PD**
 NAME: **CARSON, KEITH**
 STREET ADDRESS: **3720 SAVOY LANE**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

☐ Delete

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

TITLE: **M**
 NAME: **MCCROAN, SCOTT**
 STREET ADDRESS: **3720 SAVOY LANE**
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

☒ Delete

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] **REQUIRE PRESIDENT**

4/15/02 (561) 683-7018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)