

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05321

1. Entity Name

CONDOMINIUM ASSOCIATION OF PALMETTO VILLAGE, INC

Principal Place of Business

Mailing Address

12600 NW HARBOUR RIDGE BLVD.
PALM CITY FL 34990
US

12600 NW HARBOUR RIDGE BLVD
PALM CITY FL 34990-8007
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2478912

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NEARY, MICHAEL E.
126000 NW HARBOUR RIDGE BLVD.
PALM CITY FL 34990

Name

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

City

FL

Zip Code

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, 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	PD	<input type="checkbox"/> Delete
NAME	UNGER, RICHARD C.	
STREET ADDRESS	13450 HARBOUR RIDGE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEVENS, JOSEPH C.	
STREET ADDRESS	13456 HARBOUR RIDGE BLVD.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYDE, EDWIN T.	
STREET ADDRESS	13472 HARBOUR RIDGE BLVD.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAWLICKI, CLARENCE	
STREET ADDRESS	13428 HARBOUR RIDGE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, A. KENT	
STREET ADDRESS	13434 HARBOUR RIDGE BLVD.	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" 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	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zehner, Louis A.	
STREET ADDRESS	13446 Harbour Ridge Blvd.	
CITY-ST-ZIP	Palm City FL 34990	
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:

SIGNATURE OF OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90048 003 ****61.25

00042498



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)