

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90050 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N17079**  
 1. Entity Name  
**THE HOMEOWNERS' ASSOCIATION OF THE PALMS, INC.**

Principal Place of Business UNIVERSITY PROP INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US		Mailing Address UNIVERSITY PROP 7001 TEMPLE TERRACE TEMPLE TERRACE FL 33637-5734 US	
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 **59-2721297** Applied For  Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
DUARTE, ANTONIO III 11959 N FLORIDA AVE TAMPA FL 33612		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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: <b>TD</b>	<input type="checkbox"/> Delete	TITLE: <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SHAHER, AMY</b>		NAME:	
STREET ADDRESS: <b>731 BURLWOOD ST.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BRANDON FL 33511</b>		CITY-ST-ZIP:	
TITLE: <b>SD</b>	<input type="checkbox"/> Delete	TITLE: <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>O'HARA, GLENDA</b>		NAME:	
STREET ADDRESS: <b>908 BURLWOOD ST.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BRANDON FL 33511</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WHITTLER, CYNTHIA</b>		NAME:	
STREET ADDRESS: <b>1713 PAINT BRANCH WAY</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BRANDON FL 33511</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>AITKEN, REGINALD</b>		NAME:	
STREET ADDRESS: <b>736 BURLWOOD ST</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BRANDON FL 33511</b>		CITY-ST-ZIP:	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>LOPEZ, MANUEL</b>		NAME: <b>Osmul, Anthony</b>	
STREET ADDRESS: <b>735 BURLWOOD STREET</b>		STREET ADDRESS: <b>868 Burlwood street</b>	
CITY-ST-ZIP: <b>BRANDON FL 33511</b>		CITY-ST-ZIP: <b>Brandon, Fl. 33511</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete	TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PETERSON, ELWOOD</b>		NAME:	
STREET ADDRESS: <b>881 BURLWOOD ST.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>BRANDON FL 33511</b>		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:** \_\_\_\_\_ **REQUIRED** **2-9-00** **813 980-1000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)