

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

0060525

02-22-2001 90005 003 \*\*\*\*61.25

**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 US
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2721297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
 DUARTE, ANTONIO III  
 11959 N FLORIDA AVE  
 TAMPA FL 33612

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SHAFER, AMY</b> <b>731 BURLWOOD ST.</b> <b>BRANDON FL 33511</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>O'HARA, GLENDA</b> <b>908 BURLWOOD ST.</b> <b>BRANDON FL 33511</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITTIER, CYNTHIA</b> <b>1713 PAINT BRANCH WAY</b> <b>BRANDON FL 33511</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>AITKEN, REGINALD</b> <b>736 BURIWOOD ST</b> <b>BRANDON FL 33511</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSMUL, ANTHONY</b> <b>686 BURLWOOD STREET</b> <b>BRANDON FL 33511</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PETERSON, ELWOOD</b> <b>881 BURLWOOD ST.</b> <b>BRANDON FL 33511</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>French, Margo (SD)</b> <b>1971 Lumsden Rd. Pmb300</b> <b>Brandon, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D)</b> <b>Velazquez, Eliud</b> <b>939 Burlwood Street</b> <b>Brandon, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(VPD)</b> <b>Whittier, Cynthia</b> <b>1713 Paint Branch way</b> <b>Brandon, FL 33511</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Greenleaf, Shirley (D)</b> <b>858 Burlwood Street</b> <b>Brandon, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D)</b> <b>BUTLER, GAIL</b> <b>884 BURLWOOD ST.</b> <b>BRANDON, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 **ELWOOD E. PETERSON** (813) 685-3566  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)