

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90101 032 ****61.25

DOCUMENT # N17079

1. Entity Name

THE HOMEOWNERS' ASSOCIATION OF THE PALMS, INC.

Principal Place of Business

Mailing Address

UNIVERSITY PROP INC
 7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US

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

4. FEI Number

59-2721297

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUARTE, ANTONIO III
11959 N FLORIDA AVE
TAMPA FL 33612

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	SD	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, MARGO	
STREET ADDRESS	1971 LUNSDEN RD PMB 300	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VALAZQUEZ, ELIUD	
STREET ADDRESS	939 BURLWOOD STREET	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITTIER, CYNTHIA	
STREET ADDRESS	1713 PAINT BRANCH WAY	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENLEAF, SHIRLEY	
STREET ADDRESS	858 BURLWOOD STREET	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSMUL, ANTHONY	
STREET ADDRESS	686 BURLWOOD STREET	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERSON, ELWOOD	
STREET ADDRESS	881 BURLWOOD ST.	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, CATHERINE	
STREET ADDRESS	910 BURLWOOD STREET	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUBLY, WENDY	
STREET ADDRESS	912 BURLWOOD STREET	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASS, STAN	
STREET ADDRESS	1717 OAK BRANCH COURT	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, CHARLES	
STREET ADDRESS	1642 PROWMORE DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWERS, EVELYN	
STREET ADDRESS	1631 PROWMORE DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
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]* **Elwood Peterson** **02-20-02** **(813) 980-1000**

CR2E037 (9/01)