

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90310 001 \*\*\*\*61.25

**DOCUMENT # N17864**

1. Entity Name

**PALM CAY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O KENNETH KIRKPATRICK  
 8888 S.W. STATE RD. 200  
 OCALA FL 34481  
 US

P.O. BOX 76063  
 OCALA FL 34481

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2774085**

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

**FLYNN, MARILYN**  
**8448 SW 106 PLACE**  
**OCALA FL 34481**

Name

**Charles J. Drennen**

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

**11260 SW 78th Ave.**

City

**OCALA, FL.**

FL

Zip Code

**34476**

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

*Charles J. Drennen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/29/01**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	DECKER, PENNY	8184 SW 107 LANE	OCALA FL 34481	<input checked="" type="checkbox"/>
VD	BELIEU, MARGARET	11212 SW 78 CT	OCALA FL 34476	<input checked="" type="checkbox"/>
D	KIRKPATRICK, KENNETH	8888 SW STATE RD 200	OCALA FL 34481	<input type="checkbox"/>
D	ESCHNER, ANNA	10821 SW 78 AVE	OCALA FL 34476	<input type="checkbox"/>
D	ENRIGHT, MARY	11256 SW 78 AVE	OCALA FL 34476	<input checked="" type="checkbox"/>
T	FLYNN, MARILYN	8448 SW 106 PLACE	OCALA FL 34481	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CHARLES J. DRENNEN	11260 SW 78th Ave	OCALA, FL, 34476-3893	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	FRANK GABRIEL	8226 SW 106th PL	OCALA, FL 34481-3893	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JEFF CARR	8122 SW 106th PL	OCALA, FL, 34481-3893	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Phyllis Lippai	8366 SW 107th PL	OCALA, FL 34481-3893	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Phyllis Kellogg	8275 SW 106th PL	OCALA, FL, 34481-3893	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	DONALD L HENDERSON	8125 SW 106th PL	OCALA, FL, 34481-3893	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

*Donald L Henderson* **Donald L Henderson** **1/29/01** **352-861-6351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)