

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90040 023 ****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**

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

59-2774085

Applied For

Not Applicable

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

**DRENNEN, CHARLES J
 11260 SW 78TH AVE
 OCALA FL 34476**

Name **MARGARET BELIEU**

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

11212 S.W. 78th COURT

City

OCALA

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

Margaret A. Belieu, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/02

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 checked="" type="checkbox"/> Delete
NAME	DRENNEN, CHARLES J	
STREET ADDRESS	11260 SW 78TH AVE	
CITY-ST-ZIP	OCALA FL 34476-3893	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GABRIEL, FRANK	
STREET ADDRESS	8226 SW 106TH PLACE	
CITY-ST-ZIP	OCALA FL 34481-3893	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, KENNETH	
STREET ADDRESS	8888 SW STATE RD 200	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESCHNER, ANNA	
STREET ADDRESS	10821 SW 78 AVE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARR, JEFF	
STREET ADDRESS	8122 SW 106TH PLACE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, DONALD	
STREET ADDRESS	8125 SW 106TH PLACE	
CITY-ST-ZIP	OCALA FL 34481-3893	

TITLE	President	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARGARET BELIEU		
STREET ADDRESS	11212 S.W. 78th COURT		
CITY-ST-ZIP	OCALA, FL 34476		
TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	William MAHAR		
STREET ADDRESS	11266 S.W. 76th TERRACE		
CITY-ST-ZIP	OCALA, FL 34476		
TITLE	Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Phyllis Kellogg		
STREET ADDRESS	8275 S.W. 106th PLACE		
CITY-ST-ZIP	OCALA, FL 34481		
TITLE	Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Phyllis LIPPAI		
STREET ADDRESS	8366 S.W. 107th PLACE		
CITY-ST-ZIP	OCALA, FL 34481		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Charlotte M. Stief		
STREET ADDRESS	8271 S.W. 107th LANE		
CITY-ST-ZIP	OCALA, FL 34481		
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: *Charlotte M. Stief* **CHARLOTTE M. STIEF** *1-29-02 (352) 873-3476*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)