

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90065 044 ****61.25

0001612

DOCUMENT # N29473
 1. Entity Name
PALM HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3506 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169 US	Mailing Address 3506 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169 US
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2. Principal Place of Business 2180 W. SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD, FL	3. Mailing Address 2180 W. SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD, FL
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DO NOT WRITE IN THIS SPACE
 159-3178067

4. FEI Number 59-2921488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROE, WILLIAM E.
3506 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent
 Name **JAMES W. HART JR**
 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC.
2180 W. SR 434 STE 5000
 City **LONGWOOD** **FL** Zip Code **32779-5004**

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 DATE **2/14/02**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLISON, HARRIS 930 ELIZABETH DR WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, RICHARD 328 SANTIAGO DR WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHURIN, DANIEL W. 1343 CAMPBELL ST ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 DATE **1/19/02** Daytime Phone # **813 224 2505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)