

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N34635**

1. Entity Name

**PROMENADE HOMEOWNERS' ASSOCIATION, INC.**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90001 027 \*\*\*\*61.25

Principal Place of Business <b>3438 EAST LAKE RD. #22 PALM HARBOR FL 34685 US</b>	Mailing Address <b>3438 EAST LAKE RD. #22 PALM HARBOR FL 34685-2413 US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3440 EAST LAKE RD</b>	3. Mailing Address <b>3440 EAST LAKE RD</b>
Suite, Apt. #, etc. <b>SUITE 106</b>	Suite, Apt. #, etc. <b>SUITE 106</b>
City & State <b>PALM HARBOR FL</b>	City & State <b>PALM HARBOR FL</b>

4. FEI Number <b>59-2982262</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>34685</b>	Country <b>PINELLAS</b>	Zip <b>34685</b>	Country <b>PINELLAS</b>
---------------------	----------------------------	---------------------	----------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**NOLAN, JAMES M**  
**3438 EAST LAKE RD.**  
**#22**  
**PALM HARBOR FL 34685**

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

Name  
**JAMES M NOLAN**

Street Address (P.O. Box Number is Not Acceptable)  
**3440 EAST LAKE RD**

**SUITE 106**

City  
**PALM HARBOR FL** **FL** Zip Code  
**34685**

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 \_\_\_\_\_

**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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MARLOW, DOUGLAS</b>	
STREET ADDRESS <b>1961 PROMENADE WAY</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>LAWRENCE, JAMES</b>	
STREET ADDRESS <b>1957 PROMENADE WAY</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>ESTRADA, MIGUEL</b>	
STREET ADDRESS <b>1961 PROMENADE WAY</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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]* **SIGNATURE REQUIRED** **4/21/00 727-785-8887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)