2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # N34635** 02-07-2001 90172 017 ****61.25 PROMENADE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 3440 E. LAKE RD. 3440 E. LAKE RD. 28040 STE 106 STE 106 PALM HARBOR FL 34685 PALM HARBOR FL 34685 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2982262 Not Applicable Country. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required - ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NOLAN, JAMES M 3440 E. LAKE RD. **STE 106** City Zip Code PALM HARBOR FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDENT PD Delete TITLE TITLE ☐ Addition Change PAUL BRYANT 1992 PROMENAGE WAY MARLOW, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 1961 PROMENADE WAY CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760. LEDRWATER SD Delete TITLE Change ---- [=] Addition LAWRENCE, JAMES NAME NAME MAYNARD 1957 PROMENADE WAY STREET ADDRESS 1957 PROMENADE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 TITLE. Delete TITLE . Change ... NAME ESTRADA, MIGUEL NAME STREET ADDRESS STREET ADDRESS 1961 PROMENADE WAY CITY-ST-702 CITY-ST-7IP CLEARWATER FL 33760 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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

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FILED

SIGNATURE

SIGNATURE AND TYPED OR PONTED NAME OF SIGNANG OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

1-23-01

(727) 788-8887