

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0037799

04-11-2002 90726 036 \*\*\*\*61.25

**DOCUMENT # N35287**

1. Entity Name

**PALM COVE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1001 N US HWY ONE  
 SUITE 600  
 JUPITE FL 33477  
 US

1001 N US HWY 1  
 SUITE 600  
 JUPITE FL 33477  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0161146**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISNESKI, RONALD H  
 1001 N US HWY ONE  
 #600  
 JUPITER FL 33477

Name *Janice E. Malone*

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

*6085 Fountain Palm Dr.*

City *Jupiter*

FL

Zip Code *33458*

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

*Janice E. Malone*

*4/1/02*

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~D~~  Delete  
 NAME ~~WEBB, JOSEPH R~~  
 STREET ADDRESS ~~6041 FOUNTAIN PALM DR~~  
 CITY-ST-ZIP ~~JUPITER FL 33458~~

TITLE *D*  Change  Addition  
 NAME *SMITH, WILLIAM*  
 STREET ADDRESS *18021 LAKESIDE GARDENS DR.*  
 CITY-ST-ZIP *JUPITER FL 33458*

TITLE *D*  Delete  
 NAME *SCHMITT, MICHELE*  
 STREET ADDRESS *18610 LAKESIDE GARDENS D*  
 CITY-ST-ZIP *JUPITER FL 33458*

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~TD~~  Delete  
 NAME ~~WISNESKI, RONALD~~  
 STREET ADDRESS ~~110506 LAKESIDE GRDNG D~~  
 CITY-ST-ZIP ~~JUPITER FL 33458~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~S~~  Delete  
 NAME ~~MACARI, STEVE~~  
 STREET ADDRESS ~~18561 LAKESIDE GARDENS DRIVE~~  
 CITY-ST-ZIP ~~JUPITER FL 33458~~

TITLE *SD*  Change  Addition  
 NAME *SAUNDERS JUDY*  
 STREET ADDRESS *6060 FOUNTAIN PALM DRIVE*  
 CITY-ST-ZIP *JUPITER FL 33458*

TITLE ~~VP~~  Delete  
 NAME *MALONE, JAN*  
 STREET ADDRESS *6085 FOUNTAIN PALM DRIVE*  
 CITY-ST-ZIP *JUPITER FL 33458*

TITLE *PD*  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~PD~~  Delete  
 NAME *FRUSHTICK, PHYLLIS*  
 STREET ADDRESS *18634 LAKESIDE GARDEN DRIVE*  
 CITY-ST-ZIP *JUPITER FL 33458*

TITLE *TD*  Change  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:

*Janice E. Malone*

*4/1/02*

Date

*561-743-9356*

Daytime Phone #

CR2E037 (9/01)