

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90224 009 \*\*\*\*61.25

**DOCUMENT # N35381**

1. Entity Name

**PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

1221 HANCOCK CIR  
 ST. CLOUD FL 34769  
 US

1221 HANCOCK CIR  
 ST. CLOUD FL 34769  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

**BOESSEL, DON**  
 1221 HANCOCK CIR  
 ST. CLOUD FL 34769

Name

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

City

**FL**

Zip Code

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

*Don Boessel*

*4-28-01*

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 **PD**  Delete  
 NAME **BOESSEL, DON**  
 STREET ADDRESS **1221 HANCOCK CIR**  
 CITY-ST-ZIP **ST. CLOUD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TURNER, GARY**  
 STREET ADDRESS **1201 HANCOCK CIR**  
 CITY-ST-ZIP **ST. CLOUD FL**

TITLE **TREAS.**  Change  Addition  
 NAME **TERRY HARVELL**  
 STREET ADDRESS **1214 HANCOCK CIR**  
 CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE **D**  Delete  
 NAME **BRAZEE, DON**  
 STREET ADDRESS **1217 HANCOCK CIR.**  
 CITY-ST-ZIP **ST. CLOUD FL**

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

TITLE **D**  Delete  
 NAME **SPARKS, GARY**  
 STREET ADDRESS **1269 HANCOCK CIR.**  
 CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D**  Change  Addition  
 NAME **TERRY KNIGHT**  
 STREET ADDRESS **1245 HANCOCK CIR**  
 CITY-ST-ZIP **ST. CLOUD, FL 34744**

TITLE **DST**  Delete  
 NAME **SWAINE, RICHARD**  
 STREET ADDRESS **1237 HANCOCK CIR**  
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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:

*SIGNATURES REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)