

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91159 049 ****61.25

DOCUMENT # N35381

1. Entity Name

PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**1221 HANCOCK CIR
 ST. CLOUD FL 34769
 US**

Mailing Address

**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

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	<input type="checkbox"/> Delete
NAME	BOESSEL, DON	
STREET ADDRESS	1221 HANCOCK CIR	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARVELL, TERRY	
STREET ADDRESS	1214 HANCOCK CIRCLE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAZEE, DON	
STREET ADDRESS	1217 HANCOCK CIR.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, TERRY	
STREET ADDRESS	1245 HANCOCK CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL 34744	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SWAINE, RICHARD	
STREET ADDRESS	1237 HANCOCK CIR	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEARS, JACK	
STREET ADDRESS	1103 HANCOCK CIRCLE	
CITY-ST-ZIP	ST. CLOUD, FL, 34769	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEET, JOEL	
STREET ADDRESS	1225 HANCOCK CIRCLE	
CITY-ST-ZIP	ST. CLOUD, FL, 34769	
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 REQUIRED

4-29-02

4078466002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)