2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2000 8:00 am Secretary of State **DOCUMENT # N44453** Entity Name PALISADES HOMEOWNER'S ASSOCIATION, INC. 03-10-2000 90005 012 ****61.25 Principal Place of Business Mailing Address 2221 LEE ROAD 2221 LEE ROAD SUITE 24 SUITE 24 WITER PARK FL 32789-1864 WITER PARK FL 32789 ШS 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3083229 Not Applicable Country Zip Zip \$8.75 Additional Country 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) PRATT, JAMES R ESQUIRE 369 N NEW YORK AVE 3RD FLOOR Zip Code City FL WINTER PARK FL 32789 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Change ☐ Addition ☐ Delete TITLE TITLE NAME BATTAGLIN, GEORGE NAME 2221 LEE RD. STE 24 STREET ADDRESS STREET ADDRESS 2221 LEA RD STE 24 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change Addition **PSTD** ☐ Delete TITLE TITLE NAME LUBIN, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 2221 LEE ROAD SUITE 24 CITY-ST-ZIP CITY-ST-ZIP WITER PARK FL 32789 D **Change** ☐ Addition DPST ☐ Delete TITLE TITLE NAME NAME vice, Edwin STREET ADDRESS 2221 LEE RD., STE 24 STREET ADDRESS 2221 LEA RD STE 24 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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

Date

ess, with all other like empowered

changed, or on an attachmen

SIGNATURE: