

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44453

1. Entity Name

PALISADES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2221 LEE ROAD
SUITE 24
WINTER PARK FL 32789
US

2221 LEE ROAD
SUITE 24
WINTER PARK FL 32789
US

2. Principal Place of Business

c/o Tri Five Prop. Mgmt.

3. Mailing Address

c/o Mid-Florida Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10649 Masters Drive

5025 S. U.S. Hwy 17-92

Clermont FL

Casselberry FL

Zip 34711

Country USA

Zip 32707-3815

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3083229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATT, JAMES R ESQUIRE
369 N NEW YORK AVE
3RD FLOOR
WINTER PARK FL 32789

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

TITLE VD
NAME PURDHAM, VERNON
STREET ADDRESS 2221 LEE RD STE 24
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE PSTD
NAME LUBIN, LAWRENCE
STREET ADDRESS 2221 LEE ROAD SUITE 24
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE D
NAME VICE, EDWIN
STREET ADDRESS 2221 LEE RD STE 24
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 10649 Masters Drive
CITY-ST-ZIP Clermont FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 10649 Masters Drive
CITY-ST-ZIP Clermont FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 10649 Masters Drive
CITY-ST-ZIP Clermont FL 34711 ☒ Change ☐ Addition

TITLE VD
NAME Mondell, Paul
STREET ADDRESS 10649 Masters Drive
CITY-ST-ZIP Clermont FL 34711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

1 APRIL 2002

352-243-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0011499