

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90159 015 ****61.25

DOCUMENT # N95000002371
 Entity Name
HOME OWNERS OF PALM AIRE VILLAGE, INC.

Principal Place of Business 6701 NW 34TH AVENUE FORT LAUDERDALE FL 33309	Mailing Address 6701 NW 34TH AVENUE FORT LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0597418	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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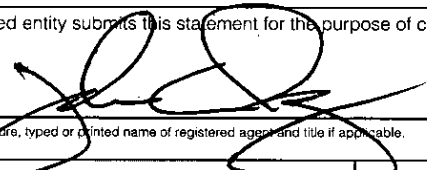
6. Name and Address of Current Registered Agent

PISZ, JOHN
6701 NW 34TH AVENUE
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: **01/24/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

FILE NAME	PD PISZ, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	6701 NW 34TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
FILE NAME	S WIESEND, LIZ	<input type="checkbox"/> Delete
STREET ADDRESS	6531 NW 34TH AVE	
CITY-ST-ZIP	FT LAUD FL 33309	
FILE NAME	BRUNS, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS	3127 NW 68TH ST	
CITY-ST-ZIP	FT LAUD FL 33309	
FILE NAME	DV DEEB, CHUCK	<input type="checkbox"/> Delete
STREET ADDRESS	3181 NW 63RD ST	
CITY-ST-ZIP	FT LAUD FL 33309	
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE: **01/24/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)