## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2002 8:00 am Secretary of State DOCUMENT # **N96000004945** 1. Entity Name 03-07-2002 90236 024 \*\*\*\*61.25 PALLADIUM HOMEOWNER'S ASSOCIATION, INC. Mailing Address Principal Place of Business **393**0Palladium Club RD. 3918 POINCIANA DR **BOYNTON BEACH FL 33436** SUITE 9 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0721639 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CAPLAN, LOUIS ESQ % SACHS, SAX & KLEIN, P.A. 301 YAMATO RD.M STE 4150/NORTHERN TRST PLZ Zip Code **BOCA RATON FL 33431** FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change X Delete TITLE TITLE Filbert, Coloria 10639 Grande Polladium Way STEIN, RICHARD NAME NAME 3752 SAPPHIRE PALLADIUM SHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BoyNtan Bench, F-1 33456 CITY-ST-ZIP **BOYNTON BEACH FL 33436** TITLE ☐ Change Delete TITLE SHIMRAK, ROSEMARIE NAME NAME STREET ADDRESS STREET ADDRESS 10746 GRANDE PALLADIUM WAY CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Addition ☐ Change Delete TITLE TITLE Paul Robert 3946 Sapphire PallAdam Pr. WALL, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 3931 PALLADIUM SHORE DR 3 Boynton Beach Fl. 33436 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Change ☐ Addition Delete TITLE TITLE miller. WArrew MILLER, WARREN NAME NAME 3910 Saffhire Palladium STREET ADDRESS 3910 SAPPHIRE PALLADIUM STREET ADDRESS BoyNton Beach F-1. 33436 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Addition TITLE Change TITLE ☐ Delete George Allen 3925 PALLADIVI NAME GLASSER, BOB NAME PALLADIUM SHORE DRIVE 10782 GRANDE PALLADIUM WAY STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Delete TITLE TITLE ∕eGe∠ PAIGE, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 10572 GRANDE PALLADIUM WAY CITY-ST-ZIP CITY-ST-7IP BOYNTON BEACH FL 33436

**FILED** 

12. I hereby certify that the information supplied with this filling 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:

| 19.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the composition of the corporation of 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 the corporation 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 the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated in the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated in the information of the corporation of the c