

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 09, 2000 8:00 am
Secretary of State

05-12-2000 90057 004 ****61.25

DOCUMENT # N97000006487

1. Entity Name
THE PALMS AT HAMPTON LAKES COMMUNITY ASSOCIATION

Principal Place of Business Mailing Address
 1416 CONCORD ST E PO BOX 531010
 ORLANDO FL 32803 ORLANDO FL 32853-1010
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3553685 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
THE MELROSE MGMT GROUP
 1416 CONCORD ST EAST
 ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name: **The Melrose Corporation**
 Street Address (P.O. Box Number is Not Acceptable):
1416 Concord Street East
 City: **Orlando** State: **FL** Zip: **32803**

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: **Jack B. Hanson** DATE: **4-26-00**
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. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNIGHT, PATRICK J 385 DOUGLAS AVE., STE. 2000 ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, RALPH 385 DOUGLAS AVE., STE. 2000 ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MATTHAI, KAROLINE 385 DOUGLAS AVE., STE. 2000 ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Kaiser, DAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 385 Douglas Ave, Ste. 2000 Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Makransky, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Stapleton, Kirstin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **James Makransky** DATE: **4/28/00** DAYTIME PHONE #: **(407) 661-2174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR