

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2000 8:00 am**
Secretary of State

03-02-2000 90102 050 ***61.25

DOCUMENT # 722736

1. Entity Name

PALM GARDEN APARTMENTS CONDOMINIUM ASSOCIATION.

Principal Place of Business

Mailing Address

**10249 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410****10249 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410-4667**

2. Principal Place of Business

3. Mailing Address

% PRIDE PROPERTY MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

111 EGRET DRIVE

City & State

City & State

JUPITER, FL

Zip

Country

Zip

Country

33458**U.S.A.**

4. FEI Number

59-1478684

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

**PIECEWICZ, ALAN
C/O PRIDE PROPERTY MANAGEMENT
111 EGRET DR
JUPITER FL 33958**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNEY, KAREN	
STREET ADDRESS	10193 N. MILITARY TRL 103S	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRADLEY, J. WAYNE	
STREET ADDRESS	10193 N. MILITARY TRL 104S	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JUDY ASHBURN	
STREET ADDRESS	10249 N. MILITARY TRL 205N	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMANUS, VIRGINIA	
STREET ADDRESS	10249 N. MILITARY TRL 101N	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EVANS, BETTY	
STREET ADDRESS	10249 N. MILITARY TRL 204N	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINLEY, KAREN	
STREET ADDRESS	10193 N. MILITARY TRAIL 103S	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, TERRY	
STREET ADDRESS	10249 N. MILITARY TRAIL 103N	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Judy G. Ashburn**2/22/00****561-775-2545**