

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05887

1. Entity Name

THE CHARTER CLUB OF PALM BEACH CONDOMINIUM ASSOC

Principal Place of Business

200 FOXTAIL DR
WEST PALM BEACH FL 33415

Mailing Address

200 FOXTAIL DR
WEST PALM BEACH FL 33415-6159

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

59-2469338

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

~~NEWSOME, JEFFREY~~

~~207 FOXTAIL DR~~

~~#B-3~~

~~WEST PALM BEACH FL 33415~~

Name

Andrea Jones

Street Address (P.O. Box Number is Not Acceptable)

205 Foxtail Dr C2

City

West Palm Beach FL

FL

Zip Code

33415

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

N/A

3-21-00

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	TD	<input checked="" type="checkbox"/> Delete
NAME	BUCHAN, BARBARA	
STREET ADDRESS	209-C1 FOXTAIL DR	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROWLEY, ROBERT A	
STREET ADDRESS	201 H-1 FOXTAIL DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEWSOME, JEFFREY	
STREET ADDRESS	207 FOXTAIL DR B-3	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROWLEY, ROBERT	
STREET ADDRESS	201 H-1 FOXTAIL DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, ANDREA C	
STREET ADDRESS	205 FOXTAIL DR C-2	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHAN, BARBARA	
STREET ADDRESS	209 C-1 FOXTAIL DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve P. Folmer	
STREET ADDRESS	209-A2 Foxtail Dr.	
CITY-ST-ZIP	W.P.B. Fla.	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREA JONES	
STREET ADDRESS	205 FOXTAIL DR C-2	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATT JIGGINS	
STREET ADDRESS	207-F1 FOXTAIL DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	BARBARA BUCHAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2ND DIRECTOR	
STREET ADDRESS	209 C-1 FOXTAIL DR	
CITY-ST-ZIP	WEST PALM BEACH 33415	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA ISNTILE	
STREET ADDRESS	202 C-2 FOXTAIL DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
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:

Steve P. Folmer

3-21-00 (561) 963-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #