

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761282

1. Entity Name

GARDEN HILLS HOME OWNERS ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90100 007 ****61.25

Principal Place of Business

Mailing Address

2919 E. NO MILITARY TRAIL
 WEST PALM BEACH FL 33409

2919 E. NO MILITARY TRAIL
 WEST PALM BEACH FL 33409

2. Principal Place of Business

5331 Mendoza St.

3. Mailing Address

PO Box 30368

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

59-2321704

Applied For

Not Applicable

Zip

33415

Country

USA

Zip

33420

Country

USA

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

CAPLAN, LOUIS ESQUIRE
 ST. JOHN & KING
 500 AUSTRALIAN AVE SO. #600
 WEST PALM BEACH FL 33401

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 ☒ Delete
 NAME BAILEY, K
 STREET ADDRESS 1541 FERNGRAN AVE
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☐ Change ☐ Addition
 NAME Bruce Berg
 STREET ADDRESS 5437 Mendoza St.
 CITY-ST-ZIP WPB, FL

TITLE SD ☒ Delete
 NAME KASA, CAROLE
 STREET ADDRESS 5450 BONKY COURT
 CITY-ST-ZIP W. PALM BEACH FL

TITLE D ☐ Change ☐ Addition
 NAME Debbie Welch
 STREET ADDRESS 1552 Ferngran Ave
 CITY-ST-ZIP WPB FL

TITLE DT ☐ Delete
 NAME VASSALO, CLARA
 STREET ADDRESS 5412 MENDOZA ST
 CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Delete
 NAME RODRIGUEZ, L
 STREET ADDRESS 5409 GARDEN HILLS CIR
 CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME BURKETT DOUG
 STREET ADDRESS 1565 FERNGRAN AVE
 CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Change ☐ Addition
 NAME DOUG BURKETT
 STREET ADDRESS 1565 Ferngran Ave
 CITY-ST-ZIP WPB, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)