

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90262 050 ****70.00

DOCUMENT # N98000000943

1. Entity Name

PALM TOWERS/PALM COURT RESIDENT ASSOCIATION, INC

Principal Place of Business

**930 NW 95TH ST., A
MIAMI FL 33150**

Mailing Address

**930 NW 95TH ST., A
MIAMI FL 33150**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-4218616

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, GIL
930 NW 95TH ST., A
MIAMI FL 33150**

7. Name and Address of New Registered Agent

Name

ELAM, ELLA

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

930 N.W. 95th #305

City

Miami**FL**

Zip Code

33150

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

ELLA Elam, Director President @ ELLA Elam**1-26-01**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DP	ELAM, ELLA	930 NW 95 STREET APT 305	MIAMI FL 33150	☐

DV	ACOSTA, ABAD	930 NW 95 STREET APT. 604	MIAMI FL 33150	☐
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DS	WILCHER, AGNES	930 NW 95TH ST., A	MIAMI FL 33150	☐
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DT	HALL, JOHNNIE M	930 NW 95TH ST., A	MIAMI FL 33150	☐
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DS	HIGGINS, BEATRICE	930 NW 95TH ST., A	MIAMI FL 33150	☒
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01 305-836-9416

CR2E037 (10/00)