

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N19788

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: THE PALMS - SECTION III HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2227 PALM VIEW DR
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 917442
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 59-3056154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, SHARON
2227 PALM VIEW DR
APOPKA, FL 32712

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROOME, RON
Address: 1759 IMPERIAL PALM DR.
City-St-Zip: APOPKA, FL

Title: V () Delete
Name: PREST, COLIN
Address: 1742 IMPERIAL PALM DR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: PREST, SHYANNE
Address: 1742 IMPERIAL PALM DR
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: STONE, DELSIA
Address: 1748 IMPERIAL PALM DR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: BOWER, DAVID
Address: 1826 IMPERIAL PALM DR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: EIGER, ROSALIE
Address: 1704 PALM BEACH DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MCGRAFF, WILLIAM
Address: 1748 IMPERIAL PALM DR.
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: BAUSKE, KRIS
Address: 1706 IMPERIAL PALM DR.
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIS BAUSKE

D

04/18/2002

Electronic Signature of Signing Officer or Director

Date

CLINT STAPLES, TREASURER
1268 PALM BLUFF DR.
APOPKA, FL 32712