2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

1. Entity N	UMENT # 713731 PALE MANOR HOUSE CONDO	MINIUM CO., INC.		j		04-30-2002 9015	•		
Principal Pl	lace of Business	Mailing Address		****	1				
5510 NO OCEAN BLVD OCEAN RIDGE FL 33435		MANAGEMENT SERVICES OF THE PALM BEACHES 5011 N. OCENA BLVD OCEAN RIDGE FL 33435							
2. Principal Place of Business		3. Mailing Address							
Suite, Ap	pt #, etc.	Suite, Apt. #, etc.			-	DO NO MANDEN PRO	3 ,500.0		
City & State		City & State			4. FEI Number			Applied For Not Applicable	
Zip	Country	Zip	Count	Ŋ	5. Certificate of S		\$8.75 A	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New Registered			
				Name Gai	l Adams /	· · · · · · · · · · · · · · · · · · ·			
HUCKAB	MANET			Street Address (P.O. Box Number is Not Acceptable) C/O Management Services					
ASSOCIA	ADON MANAGEMENT GROUP		-	<u> </u>	<u>) Manageme</u>	ent Services			
	ÓMPSON RÓAD A FL 33462		<u> </u>	501 City _	5011 N. Ocean Blvd.				
<u> </u>	ve named entity submits this statement fol		- 1	Oc	ean Ridge	<u>FL</u>	334	35	
	Signature ped or printed name of registered agent a		Registered Ap	gent signature required v	when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Col	Registered Ag	ancing	\$5.00 May Be Added to Fees	Make Check Departmen			
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	9. Election Camp Trust Fund Col	Registered Ag	ancing (\$5.00 May Be Added to Fees		nt of Stat	te	
	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	9. Election Camp Trust Fund Col	paign Final ontribution. 11.	ancing (\$5.00 May Be Added to Fees	Departmer	nt of Stat	N 10	
10. Title Name Street address	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR D / V P O'CONNELL, HELEN	9. Election Camp Trust Fund Col	paign Final patribution.	ancing	\$5.00 May Be Added to Fees	Departmer	nt of Stat	N 10 Addition	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Aaskou 4/15

02 276-9220

Daytime Phone 4