

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-08-2002 90248 035 ****61.25

DOCUMENT # N98000007200

1. Entity Name

THE PALMS AT ATLANTIS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

%COMMUNITY ASSN. SVCS. INC.
 951 BROKEN SOUND PKWY #250
 BOCA RATON FL 33487

%COMMUNITY ASSN. SVCS. INC.
 951 BROKEN SOUND PKWY #250
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

90 CMC Management

90 CMC Management

2994 Jog Rd. Suite B

2994 Jog Rd Suite B

Greenacres, FL

Greenacres, FL

33467

33467

Country

4. FEI Number

65-0827598

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

MESSINGER, JOEL
951 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33487

Scot A. Gerrish

2994 Jog Rd. Suite B

Greenacres, FL

33467

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

TITLE **PD** ☒ Delete
 NAME **NEWMARK, EMANUEL**
 STREET ADDRESS **180 PALM CIRCLE**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **VPD** ☒ Delete
 NAME **CURRI, NICHOLAS J**
 STREET ADDRESS **248 PALM CIRCLE**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **TD** ☒ Delete
 NAME **WURDACK, MARY L**
 STREET ADDRESS **144 PALM CIRCLE**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **MATULIS, PATRICIA A.K.**
 STREET ADDRESS **165 Palm Circle**
 CITY-ST-ZIP **Atlanta FL 33462**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **W.R. Greavette**
 STREET ADDRESS **224 PALM CIRCLE**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **PATRICIA J. POTESTA**
 STREET ADDRESS **219 PALM CIRCLE**
 CITY-ST-ZIP **ATLANTIS FL 33462-6630**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME **PATRICIA J. POTESTA**
 STREET ADDRESS **219 PALM CIRCLE**
 CITY-ST-ZIP **ATLANTIS FL 33462-6630**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **Richard Willets**
 STREET ADDRESS **192 PALM CIRCLE ATLANTIS, FL 33462**
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.02.02

Date

Daytime Phone #

561-641-0990

CR2007 (9/01)