

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90088 003 ****61.25

DOCUMENT # 761846

1. Entity Name

PALM PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**PROPER MGMT
2131 NE 30TH ST
POMPANO BCH FL 33064
US**

Mailing Address

**2131 NE 30TH ST
POMPANO BEACH FL 33064
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2238253**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PROPER MANAGEMENT
2131 NE 30TH ST
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OSBORNE, DOROTHY	
STREET ADDRESS	6470 SHERMAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BABABE, ROSALIND	
STREET ADDRESS	459 NW 180 PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMOS, SONIA	
STREET ADDRESS	10059 NW 4TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOWLETT, JULIE	
STREET ADDRESS	2740 EGERT WAY	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EKMIERO, SHARON	
STREET ADDRESS	10055 NW 4TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VON FRIDRICK, PETER	
STREET ADDRESS	10096 DR W 6TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mona Lisa Higgins	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Wilhoit	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Osborne	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SHARON EKMIERO** **3-04-03** **954-567 9653**

CR2E037 (10/02)