

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 706393**

1. Entity Name

SOUTH PALMWAY-LAKESIDE DRIVE ASSOCIATION, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90023 030 ****61.25

Principal Place of Business

Mailing Address

1401 SOUTH PALMWAY
LAKE WORTH FL 33460
US1401 SOUTH PALMWAY
LAKE WORTH FL 33460-5711
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

59-2163275

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

CLAGER, PATRICIA C
1401 S. PALMWAY
LAKE WORTH FL 33460

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 \$61.259. 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	V	<input type="checkbox"/> Delete
NAME	BALCH, PAT	
STREET ADDRESS	512 S. PALM WAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWER, KEN	
STREET ADDRESS	1100 S. LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPNICK, SHARON	
STREET ADDRESS	1216 S. LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLAGER, PAT	
STREET ADDRESS	1401 S. PALMWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, JOANNE	
STREET ADDRESS	1202 S. LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, JOANNE	
STREET ADDRESS	1202 S. LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

Date

Daytime Phone #

1/28/00 (561) 586-3590