

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713951

1. Entity Name

PALM LAKE ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90243 045 ****61.25

Principal Place of Business

Mailing Address

214 PALM LAKE DR
SANIBEL FL 33957
US

214 PALM LAKE DR
SANIBEL FL 33957-5602
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1259550

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEIER, CARL
214 PALM LAKE DRIVE
SANIBEL FL 33957

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☐ Delete
NAME	JURA, ROBERT	
STREET ADDRESS	223 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	P	☐ Delete
NAME	MCLEAN, EDWARD	
STREET ADDRESS	283 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	☐ Delete
NAME	GOETZINGER, JOHN	
STREET ADDRESS	250 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	☐ Delete
NAME	CERRETANI, LAWRENCE	
STREET ADDRESS	220 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	ST	☐ Delete
NAME	MEIER, CARL F.	
STREET ADDRESS	214 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	☐ Delete
NAME	DAVIS, MARION	
STREET ADDRESS	231 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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 *Carl F. Meier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 941 395 0511

CR2E037 (9/99)