

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

0070378

DOCUMENT # 713951

1. Entity Name

PALM LAKE ASSOCIATION, INC.

01-23-2001 90102 020 ****61.25

Principal Place of Business

Mailing Address

**214 PALM LAKE DR
SANIBEL FL 33957
US**

**214 PALM LAKE DR
SANIBEL FL 33957
US**

C0008131



DO NOT WRITE IN THIS SPACE

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

TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01

941 395 0311

CR2E037 (10/00)