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

DOCUMENT # 713951

1. Entity Name

PALM LAKE ASSOCIATION, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90015 035 ****61.25

| | | | | | " | GOD WE THE | | | | | |
|--|-------------------------------------|--------------------------------|--|---|-----------------------|--|---|----------------------|-------------------------------|---------------------------------|------------|
| 214 PALM LAKE DR 214 I | | | ng Address ALM LAKE DR EL FL 33957 | , | | 1 (180//) (200/)(11) | P lihid idibi dilbi hidi b | : | 1 1 0 1 111 111 | 111 818 14 9 88 1 | |
| 2. Principal Place of Business 3. Ma | | | | Mailing Address | | | | | | | |
| 1 | | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | С | City & State | | | 4. FEI Number 59-1259550 Applied F | | | | |
| Zip | Country | | | Zip Country | | <u> </u> | 5. Certificate of Status Desired \$ | | | Not Applicable 8.75 Additional | |
| 6. Name and Address of Current Register | | | | ed Agent | | | Fee Required 7. Name and Address of New Registered Agent | | | | |
| | | · · · | | | Nan | ne | | | o.ou ng | | |
| MEIER, CARL 214 PALM LAKE DRIVE SANIBEL FL 33957 | | | | | Stre | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SANIDEL | . FL 3393/ | | | | City | <u>-</u> . | | | - 1 | Zip Cod | e |
| A The elec | | | | | | | | | FL | ' | |
| the obliga | e named entity itions of registe | submits this statemered agent. | nent for the purp | oose of changing its | s registered offic | e or register | ed agent, or both, in th | e State of Florida. | I am fan | niliar with, | and accept |
| | | : | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed o | r printed name of registere | d agent and title if ap | plicable. (NOT | E: Registered Agent s | beriuper enutangi | 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 AN | ID DIRECTORS | | 11, | Δ | ADDITIONS/CHANGES | TO OFFICERS AN | ND DIRE | CTOPS IN | 10 |
| TITLE | VP | | | ☐ Delete | TITLE | <u> </u> | ADDITIONO/OFFANGES | TO OFFICERS AF | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | JURA, ROB 223 PALM SANIBEL FI | LAKE DRIVE | | | NAME STREET ADDRE | ess | | | | _ onlinge | Addition |
| TITLE | P | | | ☐ Delete | TITLE | | | | | Change | ☐ Addition |
| NAME | MCLEAN, E | DWARD | | LJ Delete | NAME | | | | L | _ Change | Addition |
| STREET ADDRESS | 283 PALM | | | | STREET ADDRE | ss | | | | | |
| CITY-ST-ZIP | SANIBEL FI | L 33957 | · | | CITY-ST-ZIP | | | | | | |
| TITLE | D' | | | Delete , | TITLE | | | | | Change | Addition |
| NAME STREET ADDRESS | GOETZING | | | | NAME | | | | | | |
| CITY-ST-ZIP | 250 Palm I Sanibel Fi | | | | STREET ADDRE | SS | | | | | |
| TITLE | D | L 33331 | | ☐ Delete | TITLE | - | | | | 7.05 | |
| NAME | 1 - | , LAWRENCE | | ∟ Delete | NAME | | | | L | Change | Addition |
| STREET ADDRESS | 220 PALM I | • | | | STREET ADDRE | ss | | | | | |
| CITY-ST-ZIP | SANIBEL FL | 33957 | | | CITY-ST-ZIP | | | | | | |
| TITLE | ST | | | ☐ Delete | TITLE | | ., ,, | | | Change | Addition |
| NAME | MEIER, CAF | | | | NAME | | | | | | |
| STREET ADDRESS | 214 PALM I | | ¥ | | STREET ADDRES | ss | | | | | |
| CITY-ST-ZIP | SANIBEL FL | 33957 | <u>. </u> | 71 | CITY-ST-ZIP | | | | | | |
| TITLE | D | \ ' | | ☐ Delete | TITLE | | | | |] Change | Addition |
| NAME STREET ADDRESS | DAVIS, MAF | | | * | NAME | | | | | | 1 |
| STREET ADDRESS CITY-ST-ZIP | 231 PALM L SANIBEL FL | | | *.* }** | STREET ADDRES | SS | | | • | | |
| | •••• | | l with this files | doce not sublify for | | atatad := C | Was 440 07/07/0 5: 1 | 1.0 | | .1 | |
| indicated | on this report | or our place and the | a with this filing | does not quality for | tine exemption : | siated in Sec | ction 119.07(3)(i), Floric | a Statutes. I furthe | er certify | that the in | tormation |

included of 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:

signatur*e del di Lo*sso

CARC F. MEIER 1/10/2005 2393950311