

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90096 036 ****61.25

DOCUMENT # 716299

1. Entity Name

PALM SPRINGS NORTH LAKE HOME OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

~~C/O MYLES MILANDER~~
 18200 NW 78 AVE
 HIALEAH FL 33015

P O BOX 172207
 HIALEAH FL 33017-2207
 US

2. Principal Place of Business

3. Mailing Address

90 JOHN KARNES 18200 NW 78 Ave
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

MILANDER, MYLES
 8321 NW 182 ST
 33015

Name John Karnes
 Street Address (P.O. Box Number is Not Acceptable) 18200 NW 78 Ave.
 City Hialeah, FL **FL** Zip Code 33015

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] John Karnes - President 5/16/00
(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	TD	<input type="checkbox"/> Delete
NAME	SCHANK, JONI	
STREET ADDRESS	8160 NW 183 ST.	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEVES, NADINE	
STREET ADDRESS	8440 NW 178 ST.	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MYLES, MILANDER	
STREET ADDRESS	8321 NW 182 ST.	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, GARY	
STREET ADDRESS	18000 NW 84TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLOSSICK, JIM	
STREET ADDRESS	8241 NW 182 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Karnes	
STREET ADDRESS	18200 NW 78 Ave.	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Scavuzzo	
STREET ADDRESS	7840 NW 185 ST	
CITY-ST-ZIP	Hialeah, FL 33015	
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: [Signature] Schank 5/1/00 3058234262
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)

CR2E037 (9/99)