

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90080 001 ***211.25

DOCUMENT # 719649

1. Entity Name

PALM BAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5960 MIDNIGHT PASS ROAD
 SARASOTA FL 34242

5960 MIDNIGHT PASS ROAD
 SARASOTA FLA 34242-8780

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

59-1368543

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOBECK, DANIEL J ESQ.
THE LAW OFFICES OF LOBECK & HANSON, P.A.
2033 MAIN STREET, SUITE 301
SARASOTA FL 34237

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 **PD** Delete
 NAME **BROWN, HARMON**
 STREET ADDRESS **5963 MIDNIGHT PASS ROAD #356**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WEST, ROBERT**
 STREET ADDRESS **13511 SHADY SHORES DRIVE**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **CHRISTENSEN, JERI**
 STREET ADDRESS **5968 MIDNIGHT PASS RD #154**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **O** Delete
 NAME **LORCH, KENDALL**
 STREET ADDRESS **5432 QUEEN VICTORIA DR**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VP KRAEMER, BRIAN**
 STREET ADDRESS **4501 CULBREATH AVE.**
 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE Delete
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2000

CR2E037 (9/99)