

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-16-2001 90480 025 ****61.25

DOCUMENT # 722540

1. Entity Name

PALM TERRACE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11205 ARECA DRIVE
 PORT RICHEY FL 34668

11205 ARECA DRIVE
 PORT RICHEY FL 34668

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

59-1712856

Applied For

Not Applicable

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

**RECTOR, EILEEN M
 7428 STATE RD. 52
 HUDSON FL 34667**

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	P	<input checked="" type="checkbox"/> Delete
NAME	KOCZAN, CHARLES	
STREET ADDRESS	7721 HILLSIDE CT. #102	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GUTT, RAYMOND	
STREET ADDRESS	7735 GREYBIRCH TERRACE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	CLENDENNIN, PETA	
STREET ADDRESS	7715 TYSON DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JOHN	
STREET ADDRESS	3830 SCJRADER BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	KANARVOGEL, LESTER	
STREET ADDRESS	7715 GREYBIRCH TERR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRZASKOWSKI, IDA	
STREET ADDRESS	7535 BIRCHWOOD DR.	
CITY-ST-ZIP	PORT RICHEY FL	

TITLE	P D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE SPRATT	
STREET ADDRESS	8529 REGAL LANE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VP D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE RICHARDS	
STREET ADDRESS	7630 HAWTHORN DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SEC D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERTRUDE MARSHALL	
STREET ADDRESS	7805 TYSON DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANITA ROGERS	
STREET ADDRESS	7521 TYSON DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	ASST SEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN PARSONS	
STREET ADDRESS	7535 TYSON DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	ASST TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE CORTIN	
STREET ADDRESS	11240 RHONDA AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

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 REQUIRED *Lawrence Spratt* **LAWRENCE SPRATT PRESIDENT 4/1/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)