

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722540

1. Entity Name

PALM TERRACE ASSOCIATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90113 046 ****61.25

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 PD ☐ Delete
NAME SPRATT, LAWRENCE
STREET ADDRESS 8529 REGAL LANE
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME RICHARDS, GEORGE
STREET ADDRESS 7630 HAWTHORN DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MARSHALL, GERTRUDE
STREET ADDRESS 7805 TYSON DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ROGERS, JUNITA
STREET ADDRESS 7521 TYSON DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME ROGERS, JUANITA
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME PARSONS, JOAN
STREET ADDRESS 7535 TYSON DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☒ Delete
NAME CORTIN, ROSE
STREET ADDRESS 11240 RHONDA AVE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME BRANDENBURG, ELEANOR
STREET ADDRESS 11225 SNYDER
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:

REQUIRED

Jan. 24, 2002

727--863-4516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)