

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90047 016 ****61.25

DOCUMENT # 729817

1. Entity Name

SILVER PALM VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4161 SILVER PALM DRIVE
 APT 12
 VERO BEACH FL 32963**

**4161 SILVER PALM DRIVE
 APT 12
 VERO BEACH FL 32963**

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

59-1537946

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

**GARRIS, CHARLES E.
 817 BEACHLAND BLVD
 VERO BEACH FL 32963**

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	D	<input type="checkbox"/> Delete
NAME	SZYBILLO, DORIS	
STREET ADDRESS	4159 SILVER PALM DR.	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KAISER, PAUL	
STREET ADDRESS	PO BOX 356	
CITY-ST-ZIP	WELLS RIVER VT. 05081	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIARRUSSO, MARIO	
STREET ADDRESS	100 ADAMS AVENUE	
CITY-ST-ZIP	METHUEN MA 01844	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMES, ROBERT O.	
STREET ADDRESS	4161 SILVER PALM DRIVE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIARRUSSO, GARY	
STREET ADDRESS	P.O. BOX 404	
CITY-ST-ZIP	PELHAM NH 03076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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]* **2/14/02** **561-231-9872**

CR2E037 (9/01)