

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732791

1. Entity Name

PALMLAND VILLAS I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
Feb 25, 2000 8:00 am  
Secretary of State

02-25-2000 90009 028 \*\*\*\*61.25

Principal Place of Business

1906 PALMLAND DRIVE  
BOYNTON BEACH FL 33436

Mailing Address

C/O ASSOCIATION MANAGEMENT GROUP  
7187 THOMPSON RD  
~~LANTANA FL 33482~~  
US **Boynton Beach, FL 33426**

2. Principal Place of Business

3. Mailing Address

**C/O**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Association Management Group**  
**7187 Thompson Road**

Zip

Country

Zip

**Boynton Beach, FL 33426**

4. FEI Number

**59-1731142**

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

**HUCKABY, JANET**  
**7187 THOMPSON RD**  
~~**LANTANA FL 33482**~~

**Boynton Beach, FL 33426**

Name

**HUCKABY, JANET**

Street Address (P.O. Box Number is Not Acceptable)

**Association Management Group**  
**7187 Thompson Road**

City

**Boynton Beach, FL 33426**

**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

*Janet Huckaby*

**2-15-00**

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          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | LEE, BOB               |                                            |
| STREET ADDRESS | 1906C PALMLAND DR      |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33436 |                                            |
| TITLE          | VPD                    | <input type="checkbox"/> Delete            |
| NAME           | LUOWIG, JOEL           |                                            |
| STREET ADDRESS | 1892 D PALM LAND DR    |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33436 |                                            |
| TITLE          | SD                     | <input type="checkbox"/> Delete            |
| NAME           | VAILLANCOURT, MIN      |                                            |
| STREET ADDRESS | 1916 D PALM LAND DR    |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33436 |                                            |
| TITLE          | TD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DENNIS, SONJA          |                                            |
| STREET ADDRESS | 1898-D PALMLAND DRIVE  |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH FL       |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | ANASTASI, DOMINIC      |                                            |
| STREET ADDRESS | 1912-A PALMLAND DRIVE  |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH FL       |                                            |
| TITLE          | SVPD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | MUENCH, PAUL           |                                            |
| STREET ADDRESS | 1918-B PALMLAND DRIVE  |                                            |
| CITY-ST-ZIP    | BOYNTON BEACH FL       |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BENTHAM, Joseph         |                                                                              |
| STREET ADDRESS | 189A B Palm Land Dr     |                                                                              |
| CITY-ST-ZIP    | Boynton Beach, FL 33426 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | STD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Peterson, William       |                                                                              |
| STREET ADDRESS | 1896 D Palmland Dr      |                                                                              |
| CITY-ST-ZIP    | Boynton Beach, FL 33436 |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WOYTYSIAK, MARY         |                                                                              |
| STREET ADDRESS | 1898 A Palmland Dr      |                                                                              |
| CITY-ST-ZIP    | Boynton Beach, FL 33436 |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Weaver, Maribeth        |                                                                              |
| STREET ADDRESS | 1898 C Palmland Dr      |                                                                              |
| CITY-ST-ZIP    | Boynton Beach, FL 33436 |                                                                              |

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:

*Joseph Bentham*

**2-15-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)