

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90726 034 \*\*\*\*61.25

**DOCUMENT # 732791**

1. Entity Name

**PALMLAND VILLAS I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**1906 PALMLAND DRIVE  
BOYNTON BEACH FL 33436**

Mailing Address

**MANAGEMENT SERVICES  
639 OCEAN AVENUE STE 204  
BOYNTON BEACH FL 33435  
US**

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 **59-1731142**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HUCKABY, JANET  
MANAGEMENT SERVICES OF AMERICA INC  
639 EAST OCEAN AVENUE STE 204  
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-3-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | BENHAM, JOSEPH         |                                 |
| STREET ADDRESS | 189A B PALM LANN 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          | STD                    | <input type="checkbox"/> Delete |
| NAME           | VAILLANCOURT, MIN      |                                 |
| STREET ADDRESS | 1916 D PALM LAND DR    |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33436 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | WOYTYSIAK, MARY        |                                 |
| STREET ADDRESS | 1898 A PALMLANO DR     |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33436 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | WEAVER, MARIBETH       |                                 |
| STREET ADDRESS | 1898 C PALMLANO DR     |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33436 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

CR2E037 (10/02)

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**  
**Joseph Benham**

**3-4-03**