

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90094 034 ****61.25

DOCUMENT # 735608

1. Entity Name

THE PALMS OF BAY BEACH CONDOMINIUM ASSOCIATION,

Principal Place of Business

**4248 BAY BEACH LANE
 FT. MYERS BCH FL 33931**

Mailing Address

**4248 BAY BEACH LANE
 FT. MYERS BCH FL 33931**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1671765**

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

**PECKHAM, JUDITH
 4248 BAY BEACH LANE
 FT MYERS BCH FL 33931**

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

Judith Peckham

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-01

**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	FREELEY, BARBARA	
STREET ADDRESS	4223 BAY BEACH LANE B-2	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASEY, MAUREEN	
STREET ADDRESS	4253 BAY BEACH LANE 6-A	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, WILLIAM	
STREET ADDRESS	4203 BAY BEACH LANE 6-D	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GAHWILER, LEON	
STREET ADDRESS	4203 BAY BEACH LANE 3-H	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, AARON	
STREET ADDRESS	4253 BAY BEACH LANE 4-H	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREELEY, BARBARA	
STREET ADDRESS	4223 BAY BEACH LANE B-2	
CITY-ST-ZIP	FT. MYERS BEACH, FL. 33931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTY, MICHAEL	
STREET ADDRESS	4253 BAY BEACH LANE E-5	
CITY-ST-ZIP	FT. MYERS BEACH, FL. 33931	
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		

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 another like empowered.

SIGNATURE:

Barbara Freeley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-01

941-463-2044

Date

Daytime Phone #

CR2E037 (10/00)