

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735608

1. Entity Name

THE PALMS OF BAY BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4248 BAY BEACH LANE
FT. MYERS BCH FL 33931

4248 BAY BEACH LANE
FT. MYERS BCH FL 33931

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

59-1671765

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

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 VPD
NAME FREELEY, BARBARA
STREET ADDRESS 4223 BAY BEACH LANE B-2
CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☒ Delete

TITLE D
NAME Cullen, William
STREET ADDRESS 4253 Bay Beach Lane A-7
CITY-ST-ZIP Fort Myers Beach, FL 33931 ☐ Change ☒ Addition

TITLE SD
NAME CASEY, MAUREEN
STREET ADDRESS 4253 BAY BEACH LANE 6-A
CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Delete

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

TITLE TD
NAME JONES, WILLIAM
STREET ADDRESS 4203 BAY BEACH LANE 6-D
CITY-ST-ZIP FT. MYERS BEACH FL 33931 ☐ Delete

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

TITLE PD
NAME GAHWILER, LEON
STREET ADDRESS 4203 BAY BEACH LANE 3-H
CITY-ST-ZIP FT MYERS BCH FL 33931 ☐ Delete

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

TITLE D
NAME MCCARTY, MICHAEL
STREET ADDRESS 4253 BAY BEACH LANE E-5
CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Delete

TITLE VPD
NAME MCCarty, Michael
STREET ADDRESS 4253 Bay Beach Lane E-5
CITY-ST-ZIP Fort Myers Beach, FL 33931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Leon J Gahwiler

3/5/02 941-463-2044



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)