

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90038 032 ****61.25

DOCUMENT # 735608

1. Entity Name

THE PALMS OF BAY BEACH CONDOMINIUM ASSOCIATION, INC.



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

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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Judith Peckham

2-21-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CULLEN, WILLIAM**
STREET ADDRESS **4253 BAY BEACH LANE A-7**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

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

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

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Patrick H. Wulf**
CITY-ST-ZIP **2032 Kinderton Manor Drive
Duluth, GA 30097**

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

TITLE ☒ Change ☐ Addition
NAME **Vice-President**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Leon Gahwiler

3/27/03

463-2044

CR2E037 (10/02)