

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736344

1. Entity Name

THE PALM SPRINGS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1352  
ALTAMONTE SPGS FL 32715  
US

P.O. BOX 1352  
ALTAMONTE SPGS FL 32715  
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

59-1956542

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

REYNOLDS, JANET  
245 ALPINE ST  
ALTAMONTE SPRINGS FL 32701

Name

Wallace Lambert

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

200 E. Alpine Street

City

Altamonte Springs FL

Zip Code

32701

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

4-25-2000

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 DP. ☐ Delete  
NAME LAMBERT, WALLACE  
STREET ADDRESS 200 E ALPINE ST  
CITY-ST-ZIP ALTAMONTE SPRGS FL

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

TITLE DV ☐ Delete  
NAME TOMBO, DAWN  
STREET ADDRESS 255 RAYMOND AVE  
CITY-ST-ZIP ALTAMONTE SPRGS FL 32701

TITLE ☒ Change ☐ Addition  
NAME TROMBO, DAWN  
STREET ADDRESS 735 Raymond Ave  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME BARNETT, JO LYNN  
STREET ADDRESS 301 HILLCREST ST  
CITY-ST-ZIP ALTAMONTE SPRGS FL 32701

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

TITLE DT ☒ Delete  
NAME REYNOLDS, JANET  
STREET ADDRESS 245 ALPINE ST  
CITY-ST-ZIP ALTAMONTE SPRGS FL 32701

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

TITLE D ☐ Delete  
NAME SCHMITT, JANN  
STREET ADDRESS 353 CEDARBROOK LN  
CITY-ST-ZIP ALTAMONTE SPRGS FL 21714

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

TITLE D ☐ Delete  
NAME BARNEY, TERRY  
STREET ADDRESS 512 E OAKHURST ST  
CITY-ST-ZIP ALTAMONTE SPRGS FL 32701

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-339-2821



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)