

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90633 019 ****61.25

DOCUMENT # 736863

1. Entity Name

PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B", INC.

Principal Place of Business

Mailing Address

**5899 WHITFIELD AVENUE
 SUITE 107
 SARASOTA FL 34243**

**5899 WHITFIELD AVENUE
 SUITE 107
 SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40 AMI
9031 TOWN CENTER PKWY
BRADENTON, FLORIDA
34202
MANATEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1747273

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

ADVANCED MANAGEMENT OF SW FL, INC
5899 WHITFIELD AVENUE
SUITE 107
SARASOTA FL 34243

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 **D** ☒ Delete
 NAME **ALLIEGRO, RICHARD**
 STREET ADDRESS **7880 PALM AIRE LANE, SUITE 203**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Herbert Kramer**
 STREET ADDRESS **7810 Palm Aire Ln.**
 CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **PD** ☐ Delete
 NAME **HINKLEMAN, JOHN**
 STREET ADDRESS **5413 PALM AIRE DR**
 CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE **SD** ☒ Delete
 NAME **VON STEEN, DONALD**
 STREET ADDRESS **5615 PALM AIRE DR**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Donald Van Steen**
 STREET ADDRESS **5615 Palm Aire Dr.**
 CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **TD** ☐ Delete
 NAME **GURGOLD, JOAN**
 STREET ADDRESS **5524 PALM AIRE DR**
 CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE **VPD** ☒ Delete
 NAME **CHILDS, WILLIAM**
 STREET ADDRESS **5621 PALM AIRE DR**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Dennis Platt**
 STREET ADDRESS **7860 Palm Aire Ln. # 106**
 CITY-ST-ZIP **Sarasota, FL 34243**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/02

941/359-1134

CR2E037 (9/01)