

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90958 008 ****61.25

DOCUMENT # 751454

1. Entity Name

PALMAIRE AT SARASOTA CONDOMINIUM ASSOCIATION "D"

Principal Place of Business

2055 WOOD ST - STE 202
 PO BOX 6165
 SARASOTA FL 34237

Mailing Address

2055 WOOD ST - STE 202
 PO BOX 6165
 SARASOTA FL 34237

2. Principal Place of Business

4983 Ringwood Meadow

Suite, Apt. #, etc.

3. Mailing Address

4983 Ringwood Meadow

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34235

Country

USA

Zip

34235

Country

USA

4. FEI Number

59-2009897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PROPERTY & ACCOUNTING MGMT
2055 WOOD STREET - STE 202
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name
PAMI Management Inc
 Street Address (P.O. Box Number is Not Acceptable)
4983 Ringwood Meadow
 City
SARASOTA FL 34235

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 **MELVIN RUBIN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-01

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

TITLE **SD** ☐ Delete
 NAME **KINGSBURY, RAYMOND**
 STREET ADDRESS **7169 FAIRWAY BEND CIR**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VD** ☐ Delete
 NAME **MCCOWAN, THOMAS**
 STREET ADDRESS **7111 FAIRWAY BEND LAND**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **PD** ☐ Delete
 NAME **WARNER, GEORGE**
 STREET ADDRESS **7089 FAIRWAY BEND LANE**
 CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **TD** ☐ Delete
 NAME **FRED HENZE**
 STREET ADDRESS **7138 FAIRWAY BEND CIRCLE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ Delete
 NAME **WILLIAM GUBAS**
 STREET ADDRESS **7119 FAIRWAY BEND LANE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Delete
 NAME **BISULK, HERBERT**
 STREET ADDRESS **7112 FAIRWAY BEND CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34243**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
 NAME **Kingsbury, RAYMOND**
 STREET ADDRESS **7169 FAIRWAY BEND CIRCLE**
 CITY-ST-ZIP **SARASOTA, FL 34243**

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

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

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

TITLE **SD** ☐ Change ☒ Addition
 NAME **Henry, Daniel, Sr.**
 STREET ADDRESS **7121 FAIRWAY BEND LANE**
 CITY-ST-ZIP **SARASOTA, FL 34243**

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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01 941-351-5102

CR2E037 (10/00)