

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90165 050 \*\*\*\*61.25

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**DOCUMENT # 751454**

1. Entity Name

**PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "D", INC.**



Principal Place of Business

**4983 RINGWOOD MEADOW  
SARASOTA FL 34235**

Mailing Address

**4983 RINGWOOD MEADOW  
SARASOTA FL 34235**

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 **59-2009897**

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

**PAMI MANAGEMENT INC  
4983 RINGWOOD MEADOW  
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE **D** ☐ Delete  
NAME **EVANS, ZINNY**  
STREET ADDRESS **7101 FAIRWAY BEND CIRCLE**  
CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE **SD** ☒ Delete  
NAME **HENRY, DANIEL SR**  
STREET ADDRESS **7121 FAIRWAY BEND LANE**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Gubas, William**  
STREET ADDRESS **7119 Fairway Bend Lane V109**  
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **D** ☐ Delete  
NAME **BISULK, HERBERT**  
STREET ADDRESS **7112 FAIRWAY BEND CIRCLE**  
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

CR2E037 (10/02)