

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90260 025 \*\*\*\*61.25

**DOCUMENT # 752199**

1. Entity Name

**PALM BEACH COMMUNITY MANAGERS ASSOCIATION, INC.**



Principal Place of Business

**2425 PRESIDENTIAL WAY  
WEST PALM BEACH FL 33401**

Mailing Address

**5660 LEE DRIVE  
WEST PALM BEACH FL 33415**

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 **59-2676472**

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

**ASHMEAD, SHIRLEY A  
5660 LEE DRIVE  
WEST PALM BEACH FL 33415**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOSTE, CHERYL</b>	
STREET ADDRESS	<b>1284 WHIMBREL RD</b>	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>GOIT, SALLY</b>	
STREET ADDRESS	<b>2778 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SWAN DINGER</b>	
STREET ADDRESS	<b>2425 PRESIDENTIAL WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JARRELL, BEVERLY</b>	
STREET ADDRESS	<b>2500 SO. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FITZPATRICK, LOU</b>	
STREET ADDRESS	<b>3400 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ASHMEAD, SHIRLEY A</b>	
STREET ADDRESS	<b>5660 LEE DR.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Shirley A. Ashmead, Treasurer*

1-7-03 561-683-  
5070

CR2E037 (10/02)