

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90080 001 \*\*\*\*61.25

**DOCUMENT # 752557**

1. Entity Name

**PALMETTO VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3536 NW 21 DRIVE  
 GAINESVILLE FL 32605

Mailing Address

3536 NW 21 DRIVE  
 GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2203074**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENBERGER, ELLA MAE**  
**3413 NW 21 DR**  
**GAINESVILLE FL 32605**

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

Ella Mae Rosenberger  
 (NOTE: Registered Agent signature required when reinstating)

1/9/02  
 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 **PD**  Delete  
 NAME **SOLOMON, K.E.**  
 STREET ADDRESS **1527 NW 7 PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **OPALACH, BETTY**  
 STREET ADDRESS **3505 NW 21 DRIVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **VP**  Change  Addition  
 NAME **JOSEPH MCGURK**  
 STREET ADDRESS **3508 NW 21ST DR.**  
 CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **ST**  Delete  
 NAME **BURNETT, SUSAN**  
 STREET ADDRESS **3917 NW 20TH DR**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: JOSEPH MCGURK  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP 1/9/02  
 Date

352-335-1625  
 Daytime Phone #

CR2E037 (9/01)