

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753552

1. Entity Name

PALERMO ACRES HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90025 045 ****61.25

Principal Place of Business

Mailing Address

565 MARGINAL ROAD
W. PALM BEACH FL 33411-2409

735 MARGINAL RD
W. PALM BEACH FL 33411-5413
US

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

59-1457624

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

BURGESS, JAMES F
735 MARGINAL RD
W. PALM BEACH FL 33411-2409

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 PD ☐ Delete
NAME MILLER, TONY W.
STREET ADDRESS 565 MARGINAL RD.
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE D ☐ Delete
NAME SCHANEN, DAVID P.
STREET ADDRESS 537 MARGINAL ROAD
CITY-ST-ZIP W. PALM BCH. FL

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

TITLE D ☐ Delete
NAME HERTEL, ANDREW
STREET ADDRESS 8541 7TH PLACE SOUTH
CITY-ST-ZIP W. PALM BCH. FL

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

TITLE D ☐ Delete
NAME KOESTER, LARRY L.
STREET ADDRESS 8613 7TH PL SO
CITY-ST-ZIP W. PALM BCH. FL

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

TITLE ST ☐ Delete
NAME BURGESS, JAMES F
STREET ADDRESS 735 MARGINAL RD
CITY-ST-ZIP W PALM BCH FL

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

TITLE D ☐ Delete
NAME TRIAS, HUMBERTO
STREET ADDRESS 663 MARGINAL ROAD
CITY-ST-ZIP W. PALM BCH. FL

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:

JAMES BURGESS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

Daytime Phone #

CR2E037 (9/99)