2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753945

1. Entity Name

PALM ISLAND ESTATES ASSOCIATION, INC. ✓

FILED
Jul 31, 2000 8:00 am
Secretary of State
07-31-2000 90013 026 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 5244 GROVE CITY FL 34224	P.O. BOX 5244 GROVE CITY FL 34224

DO NOT WRITE IN THIS SPACE

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 59-2384306 ☐ 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
CORRALES, HENRY TARPON WAY DON PEDRO ISLAND PLACIDA FL 33946	Name KAREN D. GORDON Street Address (P.O. Box Number is Not Acceptable) 9 Pt WAY - Point BOCILLA City Placida FL Zip Code 33946

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 Karen D. Gordon KAREN D. GORDON 7-8-00
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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORRALES, HENRY TARPON WAY DON PEDRO ISLAND PLACIDA FL 33946	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANN O'FLAHERTY 140 BOCILLA DR PALM ISLAND, FL. 33946	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KOSINSKI, JANET KETTLE HARBOR DR DON PEDRO ISL PLACIDA FL 33946	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TOM MIKULEC 160 BOCILLA DRIVE PALM ISLAND, FL 33946	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DALZELL, WENDY PALM DR PALM ISLAND FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHERYL CONNER #10 COLONY DON PEDRO PALM ISLAND, FL. 33946	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DALZELL, ROBIN KETTLE HARBOR DR DON PEDRO ISL PLACIDA FL 33946	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOB CORNELIUS 105 BOCILLA DRIVE PALM ISLAND, FL 33946	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GORDON, KAREN D POINTE BOCILLA DON PEDRO ISLAND PLACIDA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: Karen D. Gordon SIGNATURE REQUIRED 7-8-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #