

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90203 010 ****61.25

DOCUMENT # 754187

1. Entity Name

COURT OF PALMS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

2780-2790 OCEAN SHORE BLVD.
 ORMOND BEACH FL 32176

Mailing Address

% ATLANTIC COMMUNITY ASSOCIATION MGMT.
 507 HERBERT ST., SUITE C
 PORT ORANGE FL 32119

UUU1079Z



2. Principal Place of Business

3. Mailing Address

Court of Palms

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2780 Ocean Shore Blvd #8

DO NOT WRITE IN THIS SPACE

City & State

City & State

Ormond Beach FL

4. FEI Number

59-2032390

Applied For

Not Applicable

Zip

Country

Zip

Country

32176

USA

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

ATLANTIC COMMUNITY ASSOCIATION MANAGEMENT
 & ACCOUNTING, INC.
 507 HERBERT ST, SUITE C
 PORT ORANGE FL 32119

Name

Court of Palms

Street Address (P.O. Box Number is Not Acceptable)

2780 Ocean Shore Blvd #8

City

Ormond Beach

FL

Zip Code

32176

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

Donald F Haus Jr S/T 1-22-01

**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	D	<input checked="" type="checkbox"/> Delete
NAME	CORUTHERS, SYD	
STREET ADDRESS	2780 OCEAN SHORE BLVD 8-S	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TREMMELE, ERNEST	
STREET ADDRESS	2790 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, BERNICE	
STREET ADDRESS	2780 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALL, LEON	
STREET ADDRESS	2790 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Winter	
STREET ADDRESS	2790 Ocean Shore Blvd #9	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Wilber	
STREET ADDRESS	2780 Ocean Shore #5	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernice Phillips	
STREET ADDRESS	2780 Ocean Shore Blvd #6	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn Parker	
STREET ADDRESS	2780 Ocean Shore Blvd #4	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don F Haus Jr	
STREET ADDRESS	2780 Ocean Shore Blvd #8	
CITY-ST-ZIP	Ormond Beach FL 32176	
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: *Donald F Haus Jr S/T 1-22-01* 904 41-2410
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)