

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90015 047 ****61.25

0002196

DOCUMENT # 754187

1. Entity Name

COURT OF PALMS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2780-2780 OCEAN SHORE BLVD.
 ORMOND BEACH FL 32176

COURT OF PALMS
 2780 OCEAN SHORE BLVD
 ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

2780 Ocean Shore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11

City & State

City & State

Ormond Beach FL

4. FEI Number

59-2032390

Applied For

Not Applicable

Zip

Country

Zip
32176

Country

Volusia

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

~~ATLANTIC COMMUNITY ASSOCIATION MANAGEMENT~~
 COURT OF PALMS
 2780 OCEAN SHORE BLVD #8
 ORMOND BEACH FL 32176

Name
Court of Palms

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

2780 Ocean Shore Blvd # 11

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] s/t Don F Haus Jr 1-7-02

Signature, typed or printed name of registered agent and title (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	D	<input type="checkbox"/> Delete
NAME	WINTER, JOE	
STREET ADDRESS	2790 OCEAN CHORE BLVD #9	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILBUR, BARBARA	
STREET ADDRESS	2780 OCEAN SHORE #5	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPP, BERNICE	
STREET ADDRESS	2780 OCEAN SHORE BLVD #6	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, DAWN	
STREET ADDRESS	2780 OCEAN SHORE BLVD #4	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAWS, DON F JR	
STREET ADDRESS	2780 OCEAN SHORE BLVD #8	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
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
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
NAME	Don F Haus Jr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* Don F Haus Jr 1-7-02 386 441-2410

CR2E037 (9/01)