2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755272

1. Entity Name

PALM BEACH HOTEL CONDOMINIUM ASSOCIATION, INC. ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State
07-18-2000 90017 042 ****61.25

Principal Place of Business	Mailing Address
235 SUNRISE AVE PALM BEACH FL 33480-3812	235 SUNRISE AVE PALM BEACH FL 33480-3812

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 59-2071128 ☐ 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
FRIEDLAND, KIRK 501 SOUTH FLAGLER DRIVE SUITE 505 WEST PALM BEACH FL 33401	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
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 SHAUGHNESSY, AMY 235 SUNRISE AVE PALM BEACH FL 33480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER GEORGE SPENCER 314 CRANES NEST WAY WEST PALM BEACH FL 33401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN, ALLEN 720 N.E. 20TH LANE PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ALLEN SHERMAN 720 N.E. 20TH LANE BOYNTON BEACH FL 33435	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MAURA MCCUNE 320 MANGO PROMENADE W. PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MAURA MCCUNE 320 MANGO PROMENADE WEST PALM BEACH FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASSIDY, JOHN C 501 FERN STREET WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN C CASSIDY 501 FERN ST. WEST PALM BEACH FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRACE, JOHN 3309 FAIRMONT DRIVE NASHVILLE TN 37203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: MAURA MC CUNE, PRESIDENT SIGNATURE REQUIRED 7/11/00 (561) 659-7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #