

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90162 017 ****61.25

DOCUMENT # 756736

1. Entity Name

FOUR PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4226 DEL PRADO BLVD.
 CAPE CORAL FL 33904
 US**

**4226 DEL PRADO BLVD
 CAPE CORAL FL 33904
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2260718

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PIERCE, ILAMARIE
 4226 DEL PRADO BLVD
 CAPE CORAL FL 33904**

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

Ilamarie Pierce

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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 **SD** ☐ Delete
 NAME **EDUARDO, DOMINGOS**
 STREET ADDRESS **4829 TRITON CT E #105**
 CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **D** ☐ Delete
 NAME **PIERCE, ILAMARIE**
 STREET ADDRESS **4226 DEL PRADO BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **PD** ☒ Change ☐ Addition
 NAME **ILAMARIE PIERCE**
 STREET ADDRESS **4829 TRITON CT., E. #101**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **PD** ☒ Delete
 NAME **ROSARIO, JOSE**
 STREET ADDRESS **4829 TRITON CT E #102**
 CITY-ST-ZIP **CAPE CORAL, FL 0**

TITLE **PD** ☒ Change ☐ Addition
 NAME **RTX EARL H.**
 STREET ADDRESS **4829 TRITON CT., E. #103**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

Ilamarie Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02

542-8712

CR2E037 (9/01)