2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763614

1. Entity Name

BLOSSOM ESTATE HOMEOWNER'S ASSOCIATION, INC.



Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90167 037 ****70.00

FILED

Principal Place of Business
440 ROYAL PALM WAY. SUITE #202

PALM BEACH FL 33480-4182

Mailing Address

440 ROYAL PALM WAY. SUITE #202 PALM BEACH FL 33480-4182

2. Principal F	Place of Business Oyal Palin Way	3. Mailing Address 450 Royal	Palm V	Vay						
Suite, Apt.	#,9kc. - HOI	Suite, Apt. #, etc.		7	Þ	CHECK HERE IF I	MAKING I	CHANGES		
Palm Star	Beach, FL	Palm Bea	ch, FL		4. FEI Number	59-2245303	·		plied For ot Applicable	,
2ip 334	Country	^{Zip} 33480	Country		5. Certificate o	f Status Desired		8.75 Add ee Required		
		7. Name and Address of New Registered Agent								
STRAUB, 440 ROY PALM BE	Street Address P.O. Box Nymber P.Nor Acceptable) Suite 401 To A. D. Zip Code 1 0									
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE										
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signatu	re required v	vhen reinstating)		DATE			
¢	paign Financing ntribution.		\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIR	ECTORS	11.	Ai	DDITIONS/CHAI	IGES TO OFFICERS	AND DIRE	ECTORS IN	10]
TITL® NAME	CD STRAUB, GEORGE E.	☐ Delete	TITLE NAME		D • 0	Pan. 11		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	440 ROYAL PALM WAY #202 PALM BEACH FL		STREET ADDRESS CITY-ST-ZIP	Pal	n Bea	Palm W	Juy 3	3486 3486	. 401	7007
TITLE NAME	PD Straub, Glenn E.	☐ Delete	TITLE NAME		6.	Λ. A	•	Change	☐ Addition	Ì
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CITY-ST-ZIP			CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the examption 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.

3/21/03

561-655 4441

CR2E037 (10/02)