

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-27-2001 90332 014 ****61.25

DOCUMENT # 764944

1. Entity Name

CHERLYNN ESTATES PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address

1175 CHERLYNN TERRACE
 WEST PALM BEACH FL 33406

1175 CHERLYNN TERRACE
 WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

1135 CHERLYNN TERR.

1135 CHERLYNN TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WPB FL

WEST PALM BCH FL

Zip

Country

Zip

Country

33406

USA

33406

USA

4. FEI Number

NOT APPLICABLE ✓

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

MARTIN, PATRICK A
1175 CHERLYNN TERRACE
WEST PALM BEACH FL 33406

Name **PEGGY APPLETON**

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

1135 CHERLYNN TERR

City **WEST PALM BEACH**

FL

Zip Code **33406**

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

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

Peggy Appleton
 (NOTE: Registered Agent signature required when reinstating)

2-20-01
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, LORENZO 1151 CHERLYNN TERR WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HICKMAN, MARIE 1167 CHERLYNN TERR WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, PATRICK A 1175 CHERLYNN TERRACE WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAN SANTINI 1143 CHERLYNN TERR W PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARTIN, PATRICK 1175 CHERLYNN TERR WPB FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PEGGY APPLETON 1135 CHERLYNN TERR WEST PALM BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Peggy Appleton
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)