

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768258

1. Entity Name

THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

203 MEANIE CIRCLE E
SEBASTIAN FL 32958
US

203 MEANIE CIRCLE E
SEBASTIAN FL 32958-5823
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2350690

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

Name

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

City

FL

Zip Code

LUCIER, BERNIE
203 MEANIE CIR E
SEBASTIAN FL 32958

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

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 ☐ Delete
NAME LUCIER, BERNIE
STREET ADDRESS 203 MEANIE CIR E
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☒ Addition
NAME S. LINDER, DENISE
STREET ADDRESS 19 ISABELLE AVE.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Delete
NAME SMITS, CHUCK
STREET ADDRESS 150 PHYLLIS DR
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☒ Addition
NAME D. CLEARY, JACK
STREET ADDRESS 114 PHYLLIS DR.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☒ Delete
NAME P. CLEARY, JIM
STREET ADDRESS 187 PHYLLIS DR
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☒ Addition
NAME D. MCCOOLMS, IRVINE
STREET ADDRESS 49 ALISA, DR.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Delete
NAME P. FLICKINGTON, KEN
STREET ADDRESS 135 SUE AVE
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☒ Addition
NAME D. PETERSON, WALT
STREET ADDRESS 31 ALISA, DR.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☒ Delete
NAME D. JONES, SHIRLEY
STREET ADDRESS 45 ALISA DR
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ Change ☒ Addition
NAME D. SCHIELER, DON
STREET ADDRESS 28 ISABELLE AVE.
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Delete
NAME D. MAERTEN, BOB
STREET ADDRESS 95 MARK ALLEN DR
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☐ 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: Bernard O. Lucier 1-26-00 561-589-2066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90106 018 ****61.25

911333



DO NOT WRITE IN THIS SPACE