

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90157 015 \*\*\*\*61.25

DOCUMENT # 768258

1. Entity Name

THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

203 MEANIE CIRCLE E  
SEBASTIAN FL 32958  
US

Mailing Address

203 MEANIE CIRCLE E  
SEBASTIAN FL 32958  
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

LUCIER, BERNIE  
203 MEANIE CIR E  
SEBASTIAN FL 32958

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LINDER, DENISE<br>19 ISABELLE AVE<br>SEBASTIAN FL 32958  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHUHLOTT, RISTIE<br>160 RICHARD ST<br>SEBASTIAN FL 32958 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LANE, LARRY<br>78 PHILLIPS DR<br>SEBASTIAN FL 32958      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FLICKINGER, KEN<br>135 SUE AVE<br>SEBASTIAN FL 32958     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHIELEA, DON<br>28 ISABELLE AVE<br>SEBASTIAN FL 32958   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SMITS, CHUCK<br>150 PHYLLIS DR<br>SEBASTIAN FL 32958     | <input checked="" type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SMITS, CHUCK<br>150 PHYLLIS DR.<br>SEBASTIAN, FL. 32958    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V.P.<br>CHERRY, JACK<br>114 PHYLLIS DR.<br>SEBASTIAN, FL. 32958 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>JIM MINER<br>52 BABA ST.<br>SEBASTIAN, FL. 32958           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LUCIER, BERNIE<br>203 MEANIE CIR E<br>SEBASTIAN, FL. 32958 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ZNAIG, IAN<br>167 RICHARD ST.<br>SEBASTIAN, FL. 32958      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BILL JENSEN<br>50 PHYLLIS DR.<br>SEBASTIAN, FL. 32958      | <input type="checkbox"/> Change <input checked="" 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: Bernard O. Lucier 1-18-02 561-589-2066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)