

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003996

1. Entity Name

HOMEOWNERS OF PALM GROVE, INC.

Principal Place of Business

412 PAUROTIS LANE  
FT. PIERCE FL 34982

Mailing Address

412 PAUROTIS LANE  
FT. PIERCE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1014453

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

CORNETT, JANE L  
401 EAST OSCEOLA STREET  
STUART FL 34994

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 PD ☐ Delete  
NAME BONGO, PAUL  
STREET ADDRESS 412 PAUROTIS LANE  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE ☐ Change ☒ Addition  
NAME Constantine, Joseph  
STREET ADDRESS 5704 Travelers Way  
CITY-ST-ZIP Ft. Pierce FL 34982

TITLE VD ☐ Delete  
NAME BEST, JAMES  
STREET ADDRESS 6018 ADONIDIA PLACE  
CITY-ST-ZIP FT. PIERCE FL 34982

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

TITLE SD ☐ Delete  
NAME BECK, JOAN  
STREET ADDRESS 563 PAUROTIS LANE  
CITY-ST-ZIP FT. PIERCE FL 34982

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

TITLE TD ☐ Delete  
NAME GLIATTA, LEONARD  
STREET ADDRESS 5854 TRAVELERS WAY  
CITY-ST-ZIP FT. PIERCE FL 34982

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

TITLE TD ☐ Delete  
NAME FOOTE, DORIS  
STREET ADDRESS 5954 TRAVELERS WAY  
CITY-ST-ZIP FT. PIERCE FL 34982

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

TITLE D ☐ Delete  
NAME BECK, RICHARD  
STREET ADDRESS 563 PAUROTIS LANE  
CITY-ST-ZIP FT. PIERCE FL 34982

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:

SIGNATURE REQUIRED PAUL BONGO 7/9/01 561 467-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90280 012 \*\*\*\*61.25

742439



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)