

2002 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	<input type="checkbox"/> Delete
NAME	BONGO, PAUL	
STREET ADDRESS	412 PAUROTIS LANE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEST, JAMES	
STREET ADDRESS	6018 ADONIDIA PLACE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BECK, JOAN	
STREET ADDRESS	563 PAUROTIS LANE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GLIATTA, LEONARD	
STREET ADDRESS	5854 TRAVELERS WAY	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOOTE, DORIS	
STREET ADDRESS	5954 TRAVELERS WAY	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, RICHARD	
STREET ADDRESS	563 PAUROTIS LANE	
CITY-ST-ZIP	FT. PIERCE FL 34982	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSTANTINE JOE	
STREET ADDRESS	5704 TRAVELERS WAY	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

Date

561-595 6198

Daytime Phone #

CR2E037 (9/01)