

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007691

1. Entity Name

PALMER SQUARE WEST NO. 3 CONDOMINIUM ASSOCIATION

Principal Place of Business

525 8TH ST W
BRADENTON FL 34205

Mailing Address

525 8TH ST W
BRADENTON FL 34205

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

65-1078038

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

Name

ARGUS PROPERTY MANAGEMENT INC

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

8500 TURLE ROCK BLVD

City

SARASOTA

FL

Zip Code

34238

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

James M. Faix
Signature, typed or printed name of registered agent and title if applicable.

JAMES M. FAIX, MGR.

(NOTE: Registered Agent signature required when reinstating)

4/31/01

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 ☐ Delete

NAME DP
STREET ADDRESS MAPES, REED W
CITY-ST-ZIP 525 8TH ST W
BRADENTON FL 34205

TITLE ☐ Delete

NAME DV
STREET ADDRESS WHEALY, THOMAS G
CITY-ST-ZIP 525 8TH ST W
BRADENTON FL 34205

TITLE ☐ Delete

NAME DST
STREET ADDRESS SPRINKLE, W.T. JR
CITY-ST-ZIP 525 8TH ST W
BRADENTON FL 34205

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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 no 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2001

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90007 001 ***306.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)