

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90098 034 \*\*\*\*61.25

0101379

**DOCUMENT # N02000004193**

1. Entity Name  
**PALMETTO PLACE AT MIZNER PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**99 MIZNER BLVD  
BOCA RATON FL 33432**

Mailing Address  
**99 MIZNER BLVD  
BOCA RATON FL 33432**

2. Principal Place of Business  
**99 S.E. MIZNER BLVD**

3. Mailing Address  
**99 S.E. MIZNER BLVD**

Suite, Apt. #, etc.  
**#100**

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33432**

Country  
**USA**

4. FEI Number  
**01-0711738**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORRIS, WILLIAM E**  
**99 MIZNER BLVD**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MORRIS, WILLIAM</b> <b>99 MIZNER BLVD</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>EGAN, JAMES D</b> <b>1251 AVENUE OF THE AMERICAS 9TH FLOOR</b> <b>NEW YORK NY 10020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SPOSITO, GREGORY D</b> <b>1251 AVENUE OF THE AMERICAS 9TH FLOOR</b> <b>NEW YORK NY 10020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEISENRING RONALD. H.</b> <b>99 SE MIZNER BLVD # 415</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: William E. Morris **WILLIAM E. MORRIS** 6/30/03 (SL)368-9820

CR2E037 (10/02)