

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03462

1. Entity Name

THE PALMS AT SEAGROVE CONDOMINIUM OWNERS' ASSOCI

Principal Place of Business

Mailing Address

3604 E CR 30-A
SEAGROVE BCH FL 32459
US

P O BOX 4822
SEAGROVE BCH FL 32459-4822
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRETT REALTY SERVICES INC
3723 EAST C30A
SEAGROVE BEACH FL 32459

Name

Seagrove on the Beach Realty

Street Address (P.O. Box Number is Not Acceptable)
3010 South Hwy 395

City

Seagrove Beach

FL

Zip Code

32459

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

Dora Murphy
Signature, typed or printed name of registered agent and title if applicable.

Dora Murphy
(NOTE: Registered Agent signature required when reinstating)

3-16-2000
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 ☐ Delete
NAME PD
STREET ADDRESS BAKER, A WAYNE
CITY-ST-ZIP 4321 BEECHWOOD RD
KNOXVILLE TN 37920-601

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS MACKE, JOHN
CITY-ST-ZIP 49 SWEET BRIAR
FORT THOMAS KY

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PERKINGS, JAY
CITY-ST-ZIP 4887 SWEETBRIAR ST
BATON ROUGE LA 70805

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS RICHTER, SCOTT
CITY-ST-ZIP 2445 SPAULDING DRIVE
DUNWOODY GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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:

A. Wayne Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90077 008 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1729077
Applied For ☐ Not Applicable ☐

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

CR2E037 (9/99)