

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90012 037 ****61.25

DOCUMENT # N03462

1. Entity Name

THE PALMS AT SEAGROVE CONDOMINIUM OWNERS' ASSOCI

Principal Place of Business

**3604 E CR 30-A
 SEAGROVE BCH FL 32459
 US**

Mailing Address

**P O BOX 4822
 SEAGROVE BCH FL 32459
 US**

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

58-1729077

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

**SEAGROVE ON THE BEACH REALTY
 3010 SOUTH HWY 395
 SEAGROVE BEACH FL 32459**

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 checked="" type="checkbox"/> Delete
NAME	BAKER, A WAYNE	
STREET ADDRESS	4321 BEECHWOOD RD	
CITY-ST-ZIP	KNOXVILLE TN 37920-601	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MACKE, JOHN	
STREET ADDRESS	49 SWEET BRIAR	
CITY-ST-ZIP	FORT THOMAS KY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERKINGS, JAY	
STREET ADDRESS	4887 SWEETBRIAR ST	
CITY-ST-ZIP	BATON ROUGE LA 70805	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICHTER, SCOTT	
STREET ADDRESS	2445 SPAULDING DRIVE	
CITY-ST-ZIP	DUNWOODY GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Carroll	
STREET ADDRESS	765 Beech Valley Rd.	
CITY-ST-ZIP	Luthra Springs, Ga. 30122-2537	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nan Jackson	
STREET ADDRESS	3996 Secluded Circle	
CITY-ST-ZIP	Lilburn, Ga. 30047	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark Stone	
STREET ADDRESS	2731 Lake Capri Drive	
CITY-ST-ZIP	Conyers, Ga. 30012	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne A. Baker	
STREET ADDRESS	4321 Beechwood Rd.	
CITY-ST-ZIP	Knoxville, TN. 37920-601	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Stricklin	
STREET ADDRESS	606 Bain Drive S.E.	
CITY-ST-ZIP	Huntsville, AL. 35803-1180	
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.

CR2E037 (10/00)

SIGNATURE:

John Carroll

5/17/01 404 529 1655