

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90038 003 \*\*\*\*61.25

**DOCUMENT # N03462**

1. Entity Name

**THE PALMS AT SEAGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

**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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STRICKLIN, JOHN**  
 CITY-ST-ZIP **606 BAIN DRIVE SE  
 HUNTSVILLE AL 35803-1130**

TITLE ☐ Change ☒ Addition  
 NAME **Director.**  
 STREET ADDRESS **Jack Aronson**  
 CITY-ST-ZIP **4633 Wynmeade Park N.E.  
 Marietta, Ga. 30067**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **BAKER, WAYNE A**  
 CITY-ST-ZIP **4321 BEECHWOOD ROAD  
 KNOXVILLE TN 37920-601**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **STONE, CLARK**  
 CITY-ST-ZIP **2731 LAKE CAPRI DRIVE  
 CONYERS GA 30012**

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 **PD**  
 STREET ADDRESS **CARROLL, JOHN**  
 CITY-ST-ZIP **765 BEECH VALLEY ROAD  
 LITHIA SPRINGS GA 30122-2537**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **JACKSON, NAN**  
 CITY-ST-ZIP **3996 SECLUDED CIRCLE  
 LILBURN GA 30047**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John D. Carroll 4/13/02 770-941-1846**

Date

Daytime Phone #

CR2E037 (9/01)