2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	ame •	# NO435 ISINESS PARK I	PARK PROPERTY OWNERS ASSOCIA				Secreta 04-27-2001 9		
Principal Pla	ace of Busines	s	Mailing Address						
% LAW OFFICE OF GARY D. FIELDS 4400 PGA BOULEVARD STE 700 PALM BEACH GARDENS FL 33410		4400 PGA BOULEVAR	% LAW OFFICE OF GARY D. FIELDS 4400 PGA BOULEVARD STE 700 PALM BEACH GARDENS FL 33410 3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE			
2. Principal Place of Business Suite, Apt. #, etc.									3. Mailing Address
									Suite, Apt. #, etc.
City & S	City & State		City & State			4. FEI Number 59-2518570			
Zip		Country	Zip	Co	untry	5. Certificate of	Status Desired		
	6. Name	and Address of Cui	rrent Registered Agent			7. Name and Address of New			
FIELDS, GARY D 4400 PGA BOULEVARD., STE 700 PALM BEACH GARDENS FL 33410				Street Add			ess (P.O. Box Number is Not Acceptable)		
8. The abo	ove named enti	ty submits this statem	ent for the purpose of changin	ng its registe	red office o	or registered agent, or both,	in the state of Flori		
SIGNATUF	Signature, type	d or printed name of registered	d agent and title if applicable.	(NOTE: Registe	red Agent signa	ature required when reinstating)			
		NOW: 5 \$61.25	9. Election Camp Trust Fund Co	•	cing	\$5.00 May Be Added to Fees	Ma ke D ep		
10.		OFFICERS AN	ND DIRECTORS	11	,	ADDITIONS/CHAN	IGES TO OFFICEF		
TITLE NAME	PD Grahai	M, ANTHONY	☐ Delete		TLE ME				

2001 8:00 am ry of State

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2.	. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State			4. FEI Number 59-2518570			Applied For Not Applicable		
Zip Country				Zip	Zip Country			5. Certificate of Status Desired See Required				
		6 Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
6. Name and Address of Current Registered Agent						Name	7. Nume una P	idareas of their riegistered Ag	jone			
FIELDS, GARY D					Street Address (P.O. Box Number is Not Acceptable)							
4400 PGA BOULEVARD., STE 700												
PALM BEACH GARDENS FL 33410					City		FL	Zip Code	9			
8.	The above r	named entit	y submits this statement fo	the purpose of cha	anging its registe	ered office or reg	gistered agent, or both	, in the state of Florida.				
SI	GNATURE _	Signature, types	d or printed name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent signature re	equired when reinstating)	DATE				
			· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·					
		EII E	NOM	9 Flection (Sampaign Finan	icina 6	ng \$5.00 _{May Be} Make Check Payak					
FILE NOW: 9. Election Campaign Final FEE IS \$61.25 Trust Fund Contribution					Added to Fees Department of S							
		1 L IV	, ψ01.23					20,000	J. 013.10			
10).		OFFICERS AND DI	RECTORS	1	1,	ADDITIONS/CHA	NGES TO OFFICERS AND DIR	ECTORS IN	10		
TiT	TLE	PD		□ D	elete . Ti	ITLE			☐ Change	☐ Addition		
NA	NAME GRAHAM, ANTHONY				N	AME						
ST	REET ADDRESS	5713 CC	rporate way., Suite	200	\$	TREET ADDRESS						
Cl	TY-ST-ZIP		ALM BEACH FL 33407		C	ITY-ST-ZIP						
ווז	TLE	STD			elete T	ITLE			Change	Addition		
N/	AME	JENKINS	S, JOHN		N	AME						
STREET ADDRESS 5730 CORPORATE WAY., SUITE			120	1	TREET ADDRESS							
CI	TY-ST-ZIP		ALM BEACH FL 33407		C	ITY-ST-ZIP						
TI	TLE	VPD			elete T	ITLE			Change	Addition Addition		
N/	AME		, THOMAS		N	IAME						
ST	FREET ADDRESS	2442 ME	TROCENTRE BLVD		e S	TREET ADDRESS						
CI	ITY-ST-ZIP	WEST P	ALM BEACH FL 33407		C	RTY-ST-ZIP						
TI	TLE	D)elete T	TILE			☐ Change	Addition		
N/	AME	SHAW,			N	IAME						
ı	TREET ADDRESS		RPORATE WAY			STREET ADDRESS						
C	ITY-ST-ZIP	WEST P	ALM BEACH FL 33407			CITY-ST-ZIP		***************************************				
m	TLE				Delete 1	TITLE			Change	Addition		
N.	AME				١	MAME						
S	Treet address				5	STREET ADDRESS						
C	ITY-ST-ZIP					CITY-ST-ZIP						
T	ITLE				Delete	TITLE	<u> </u>		Change	☐ Addition		
N	AME					NAME						
S	TREET ADDRESS					STREET ADDRESS						
C	ITY-ST-ZIP					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:

John A. Jenkins SIGNATURE AND PED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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