# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 13, 2000 8:00 am**
**Secretary of State**
04-13-2000 90040 049 ****61.25

DOCUMENT # N05119

1. Entity Name

THE PALM CLUB WEST VILLAGE I CONDOMINIUM ASSOCIA

| Principal Place of Business | Mailing Address |
|---|---|
| 3720 SAVOY LANE<br>W. PALM BEACH FL 33417 | 3720 SAVOY LANE<br>W. PALM BEACH FL 33417-1137 |

DO NOT WRITE IN THIS SPACE

| 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 59-2534805 ☐ 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 |
|---|---|
| MEROLA, JAMES R.<br>11380 PROSPERITY FARMS ROAD, STE 204<br>PALM BCH GARDENS FL 33410 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FORZANO, JOSEPH<br>3594 ALDER DRIVE G2<br>WEST PALM BCH FL | ☒ Delete | PD<br>MIKE KAPLAN<br>3714 SAVOY LANE C<br>W.P.B FL 33417 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>KAPLAN, MICHAEL<br>3714 SAVOY LANE<br>WEST PALM BCH FL 33417 | ☒ Delete | VD<br>RAYMOND FRANCOEUR<br>3588 ALDER DR F2<br>W P B FL 33417 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FRANCOEUR, RAYMOND<br>3588 ALDER DR<br>WEST PALM BCH FL 33417 | ☒ Delete | VD<br>ROBERT DEDRICK<br>3658 ALDER DR. E1<br>WPB FL 33417 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BANNISTER, ROBERT<br>3670 ALDER DRIVE H-2<br>WEST PALM BEACH FL | ☒ Delete | TD<br>ROBERT BANNISTER<br>3670 ALDER DR H2<br>WPB FL 33417 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KORF, DELORES<br>3701 SAVOY LANE B<br>WEST PALM BEACH FL | ☒ Delete | SD<br>DOLORES KORF<br>3701 SAVOY LANE B<br>W. P. B. FL 33417 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #