2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05119

1. Entity Name: THE PALM CLUB WEST VILLAGE I CONDOMINIUM ASSOCIATION INC.

FILED

01 OCT 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 AMENDED UBR

Principal Place of Business	Mailing Address
3720 SAVOY LN. WEST PALM BEACH FL. 33417 CHANGED 5/17/1989	

2. Principal Place of Business	3. Mailing Address 3720 SAVOY LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State W.P.B. FL.
Zip / Country	Zip 33417 / Country

4. FEI Number 592534805 ☐ 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. 11380 PROSPERITY FARMS ROAD STE 204 PALM BEACH GARDENS FL. 33410	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 _____ 700004685167--4
-11/16/01--01053--005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) *****61.25 DME *****61.25

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT /D CARSON, KEITH 3720 SAVOY LN. W.P.B. FL. 33417 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT /D DEDRICK, ROBERT 3720 SAVOY LN. W.P.B. FL. 33417 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT /D KAPLAN,MIKE 3720 SAVOY LN. W.P.B. FL. 33417 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER /D BANNISTER, ROBERT 3720 SAVOY LN. W.P.B. FL. 33417 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY /D LANDERMAN, NORMAN 3720 SAVOY LN. W.P.B. FL. 33417 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER MCCROAN, SCOTT 3720 SAVOY LN. W.P.B. FL. 33417 ☐ Change ☑ Addition

CR2E037 (11/00)

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: Scott McCroan Manager 10/16/01 (561) 683-7018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #