

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06868

1. Entity Name

PALAMAR OAKS VILLAS CONDOMINIUM ASSOCIATION, INC ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90153 009 ****61.25

Principal Place of Business

4117 NEPTUNE RD
 ST. CLOUD FL 34769
 US

Mailing Address

4117 NEPTUNE RD.
 ST. CLOUD FL 34769
 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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~COOPER, DENNIS~~
~~4117 NEPTUNE RD~~
~~ST. CLOUD FL 34769~~

Tom Scowden
 4103 NEPTUNE Rd
 St Cloud, FL 34769

7. Name and Address of New Registered Agent

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

Tom Scowden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/14/00
 DATE

FILE NOW: ~~FEE IS \$61.25~~

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COOPER, DENNIS	
STREET ADDRESS	4117 NEPTUNE RD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, SANDRA	
STREET ADDRESS	4107 NEPTUNE RD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITLOCK, KURT S	
STREET ADDRESS	4103 NEPTUNE RD.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Scowden	
STREET ADDRESS	4103 NEPTUNE ROAD	
CITY-ST-ZIP	St Cloud, FL 34769	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SMITH	
STREET ADDRESS	4115 NEPTUNE Rd	
CITY-ST-ZIP	St Cloud, FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

SIGNATURE: X

Tom Scowden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

Date

407-891-7333

Daytime Phone #

CR2E037 (5/00)