## **2000** UNIFORM BUSINESS REPORT (UBR)

## May 22, 2001 8:00 am & Secretary of State **DOCUMENT # N06868** 15 1. Entity Name 05-22-2001 90015 014 \*\*\*\*61.25 PALAMAR OAKS VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4117 NEPTUNE RD ·A0U7UU37 4117 NEPTUNE RD. ST. CLOUD FL 34769 ST. CLOUD FL 34769-6741 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 Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, DENNIS Street Address (P.O. Box Number is Not Acceptable) 4117 Neptune Road **COOPERX DENNIS** X SCOWDEN, TOM 4117 NEPTUNE RD 4103 Neptune Road ST. CLOUD FL 34769 St. Cloud, Fl 34769 City Zip Code 34769 St. Cloud 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the statement 5-1-01 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$6125 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Department of State Added to Fees **建筑大部分区域的建筑设施,** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE COOPER, DENNIS NAME NAME STREET ADDRESS STREET ADDRESS 4117 NEPTUNE RD CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL **XX**Change Addition TD Delete DRAWDY, THERESA 4105 Neptune Road MERRITT, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 4107 NEPTUNE RD. St. Cloud, Fl- 34769 CITY-ST-7IP CITY - ST - 7IP ST. CLOUD FL. ☐ Addition **XX**Change Delete TITLE TITLE JONES, RODNEY WHITLOCK, KURT S NAME NAME 4109 Neptune Road STREET ADDRESS STREET ADDRESS 4103 NEPTUNE RD. St. Cloud, F1 34769 CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL ☐ Change [ ] Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS 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

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changed, or on an attachment with an address, with all other like empowered Dennis A. Cooper, 05/01/01 407-892-9477 SIGNATURE: