

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91503 017 \*\*\*\*61.25

**DOCUMENT # N06868**

1. Entity Name

**PALAMAR OAKS VILLAS CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**4117 NEPTUNE RD  
 ST. CLOUD FL 34769  
 US**

**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

7. Name and Address of New Registered Agent

**COOPER, DENNIS  
 4117 NEPTUNE ROAD  
 SAINT CLOUD FL 34769**

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

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: **PD**  Delete  
 NAME: **SCOWDEN, TOM**  
 STREET ADDRESS: **4103 NEPTUNE ROAD**  
 CITY-ST-ZIP: **SAINT CLOUD FL 34769**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **TD**  Delete  
 NAME: **DRAWDY, THERESA**  
 STREET ADDRESS: **4105 NEPTUNE ROAD**  
 CITY-ST-ZIP: **SAINT CLOUD FL 34769**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **D**  Delete  
 NAME: **JONES, RODNEY**  
 STREET ADDRESS: **4109 NEPTUNE ROAD**  
 CITY-ST-ZIP: **SAINT CLOUD FL 34769**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME: **COOPER, DENNIS, D**  
 STREET ADDRESS: **4117 NEPTUNE RD**  
 CITY-ST-ZIP: **ST. CLOUD, FL 34769**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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: **(SIGNATURE REQUIRED)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/02* *407 892460*

Date Daytime Phone #

CR2E037 (9/01)