

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90022 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N14247**  
 1. Entity Name  
**PALM SHORES ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**PALM SHORES**      **PALM SHORES**  
**P.O. BOX 562**      **P.O. BOX 562**  
**INTERLACHEN FL 32148**      **INTERLACHEN FL 32148**  
**US**      **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      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**HOGUE, BARBARA A**  
**111 IRON AVE**  
**██████████**  
**INTERLACHEN FL 32140**

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 Barbara A. Hogue      Corporate Treasurer      1-6-2001  
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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGUE, JOSEPH</b>	NAME	
STREET ADDRESS	<b>111 IRON AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAGNE, VICTOR</b>	NAME	
STREET ADDRESS	<b>114 VELVET ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOGUE, BARBARA</b>	NAME	
STREET ADDRESS	<b>111 IRON AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CZARKOWSKI, HELEN</b>	NAME	
STREET ADDRESS	<b>133 REAVES AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIDEAU, LARRY</b>	NAME	<b>Cummings, EARL</b>
STREET ADDRESS	<b>157 PRIDGEON</b>	STREET ADDRESS	<b>119 SALEM ST.</b>
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	CITY-ST-ZIP	<b>INTERLACHEN, FL 32148</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAFIRIRA, ROGER</b>	NAME	
STREET ADDRESS	<b>105 SALEM ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	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: Barbara A. Hogue      1-6-2001      (904) 684-3017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)