

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90047 010 ****61.25

DOCUMENT # N14247

1. Entity Name
PALM SHORES ASSOCIATION, INC.

Principal Place of Business PALM SHORES P.O. BOX 562 INTERLACHEN FL 32148 US	Mailing Address PALM SHORES P.O. BOX 562 INTERLACHEN FL 32148 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
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

**HOGUE, BARBARA A
 111 IRON AVE
 P.O. BOX 535
 INTERLACHEN FL 32148**

7. Name and Address of New Registered Agent

Name **VIVIAN J. O'GRADY**
 Street Address (P.O. Box Number is Not Acceptable)
106 SALEM ST.
 City **INTERLACHEN FL** Zip Code **32148**

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 **VIVIAN J. O'GRADY, TREASURER** *Vivian J. O'Grady* **01-15-02**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGUE, JOSEPH 111 IRON AVE INTERLACHEN FL 32148	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAGNE, VICTOR 114 VELVET ST INTERLACHEN FL 32148	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOGUE, BARBARA 111 IRON AVE INTERLACHEN FL 32148	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CZARKOWSKI, HELEN 133 REAVES AVE INTERLACHEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDEAU, LARRY 157 PRIDGEON INTERLACHEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFIRIRA, ROGER 105 SALEM ST INTERLACHEN FL 32148	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LaPoe, Mark 115 Velvet St. Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Robert Worden 120 Velvet St. Interlachen, FL 32148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vivian J. O'GRADY 106 Salem St. Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Earl Cummings 119 Salem St. Interlachen, FL 32148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **VIVIAN J. O'GRADY, TREASURER** *Vivian J. O'Grady* **(386) 684-0457**
Signature and typed or printed name of signing officer or director Date 1-15-02 Daytime Phone #

CR2E037 (9/01)