

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15295

1. Entity Name

PALAMAR OAKS VILLAS II, A CONDOMINIUM ASSOCIATIO

Principal Place of Business

**4305 NEPTUNE RD
ST. CLOUD FL 34769
US**

Mailing Address

**100 CHURCH ST
KISSIMMEE FL 34741-5055
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**CUMBIE, FRED H., II
100 CHURCH ST
KISSIMMEE FL 34741**

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

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 **PD** ☐ Delete
NAME **CUMBIE, FRED H., II**
STREET ADDRESS **4305 NEPTUNE RD**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☐ Delete
NAME **MILES, R. STEPHEN JR.**
STREET ADDRESS **4305 NEPTUNE RD**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☐ Delete
NAME **WALKER, ADDISON E.**
STREET ADDRESS **4313 NEPTUNE RD.**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☐ Delete
NAME **WHITE, JAMES R**
STREET ADDRESS **4311 NEPTUNE RD.**
CITY-ST-ZIP **ST.CLOUD FL**

TITLE **VPD** ☐ Delete
NAME **RUDD, KEVIN**
STREET ADDRESS **4301 NEPTUNE RD**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90058 031 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2823190** ☐ Applied For
☐ Not Applicable

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

CR2E037 (9/99)

5-9-00 407-847-5151