

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16600

1. Entity Name

SOUTHERN PALMS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90065 034 \*\*\*\*70.00

Principal Place of Business  
1521 SW 47TH TERR APT 204  
CAPE CORAL FL 33914

Mailing Address  
BARBARA A. HODGE  
540 BUTTERCUP AVE  
VANDALIA OH 45377-1821  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
1616-102 W Cape Coral Pkwy  
Suite, Apt. #, etc.  
PMB #125

City & State  
Cape Coral, FL

Zip  
33914

Country  
USA

4. FEI Number  
65-0156620

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

HODGE, BARBARA A.  
1521 SW 47TH TERRACE  
APT 204  
CAPE CORAL FL 33914

## 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
SD	HODGE, BARBARA A.	540 BUTTERCUP AVE	VANDALIA OH	<input type="checkbox"/>
TD	CASALINO, MICHAEL	4 FROST AVE	EDISON NJ	<input type="checkbox"/>
PD	KELLY, EUGENE M	22 HEMLOCK LA	NORTH BRUNSWICK NJ	<input type="checkbox"/>
VD	SASSO, LYNN	1521 SW 47 TERR #103	CAPE CORAL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** Eugene M Kelly President 4/4/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #