2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N.16600

1. Entity Name

SOUTHERN PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address				
1521 SW 47TH TERR APT 204 CAPE CORAL FL 33914	1616-102 W CAPE CORAL PKWY PMB #125 CAPE CORAL FL 33914 US				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
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FILED Apr 24, 2001 8:00 am Secretary of State 04-24-2001 90283 014 ****70.00

CAPE CORAL FL 33914 US										
2. Principal Place of Business 3. Mailing Address								.	III e teik ieak	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WR	ITE IN THIS	SPACE		
City & State City & St		City & State	& State		4. FEI Number	65-0156620	0			ŀ
	Country	Zip Country			5. Certificate o	f Status Desired				
6. Name a	nd Address of Current R	egistered Agent			7. Name and A	ddress of New	Registered A	Agent		ı
-·	<u> </u>		Name				~~3~~		د سست میند.	÷
HODGE, BARBARA A. 1521 SW 47TH TERRACE APT 204 CAPE CORAL FL 33914			Street	Street Address (P.O. Box Number is Not Acceptable)						
			City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	2	İ
				· · · · · · · · · · · · · · · · · · ·		, in the state of F				ì
Signature, typed or	printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent sign	ature required v	when reinstating)		DATE			ı
FILE NOW: 9. Election Campaign Financin FEE IS \$61.25 Trust Fund Contribution.			· –	Added	to Fees	D	epartment	of State		
	OFFICERS AND DIR	ECTORS	11.	Al	DDITIONS/CHAI	NGES TO OFFIC	ERS AND DI			ء
HODGE, B 540 BUTTE	ERCUP AVE	☐ Delete		;				Change	∐ Addition ≀	0,01,750
VANDALIA TD	OH	Delete	TITLE	Tre	easurel			Change	Addition	000
CASALINO	, MICHAEL		NAME	50	san Pi	erce		•	i	I
4 FROST /	NE		1	1286	1 Fishe	er Rd	~	. 1140	20	l
	<u> </u>		CITY-ST-ZIP	6500	soe Poir	ite Faci	<u>ოუ , (())</u>	1 485	30	ļ
KELLY, EU 22 HEMLO	CK LA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			man district to		~ [□: Change ~	Addition -	
		Doloto	TITI F	1/ /)				Change	Addition	l
SASSO, LY 1521 SW 4	17 TERR #103	. Les Defette	NAME	Rdw 1521 CAP	S.W. 47	CININGE I THE TEAR	K # 202			
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	,		☐ Change	☐ Addition	
		☐ Delete		i				☐ Change	Addition	i
	#, etc. e 6. Name a BARBARA A. 47TH TERRA RAL FL 339 named entity: Signature, typed or FILE N FEE IS \$ SD HODGE, B 540 BUTTE VANDALIA TD CASALINO 4 FROST A EDISON N PD KELLY, EU 22 HEMLO NORTH BF VD SASSO, LY 1521 SW 4	#, etc. Country 6. Name and Address of Current R BARBARA A. 47TH TERRACE RAL FL 33914 named entity submits this statement for Signature, typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25 OFFICERS AND DIRI SD HODGE, BARBARA A. 540 BUTTERCUP AVE VANDALIA OH TD CASALINO, MICHAEL 4 FROST AVE EDISON NJ PD KELLY, EUGENE M 22 HEMLOCK LA NORTH BRUNSWICK NJ	#, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent BARBARA A. 47TH TERRACE RAL FL 33914 named entity submits this statement for the purpose of changing its Signature, typed or printed name of registered agent and title if applicable. (NOTE FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS SD HODGE, BARBARA A. 540 BUTTERCUP AVE VANDALIA OH TD CASALINO, MICHAEL 4 FROST AVE EDISON NJ PD KELLY, EUGENE M 22 HEMLOCK LA NORTH BRUNSWICK NJ VD SASSO, LYNN 1521 SW 47 TERR #103 CAPE CORAL FL	Isce of Business #, etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name BARBARA A. 47TH TERRACE RAL FL 33914 named entity submits this statement for the purpose of changing its registered office. Signature, typed or printed name of registered agent and tide if applicable. NOTE Registered Agent sign FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. SD HODGE, BARBARA A. SA0 BUTTERCUP AVE VANDALIA OH TD CASALINO, MICHAEL 4 FROST AVE EDISON NJ PD KELLY, EUGENE M 22 HEMLOCK LA NORTH BRUNSWICK NJ VD SASSO, LYNN 1521 SW 47 TERR #103 CAPE CORAL FL Delete NAME STREET ADDRESS CITY-ST-ZIP DELET NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP N	Isce of Business 3. Mailing Address	Ince of Business 3. Mailing Address #, etc. Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc. DO NOT WR Country Zip Country S. Certificate of Status Desired Country Zip Country S. Certificate of Status Desired Country S. Certificate of Status Desired Agent Name and Address of Current Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable Name Name	#. etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS: Country Zip	US Incomplete Surface Surface	Suite, Apt #, etc. Suite, Apt #, etc. Do NOT Writte In This SPACE

indicated on this report or supplied with this him globes not quality 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 eath; 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: