

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18517

i. Entity Name

PALMA SOLA SHORES CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90189 018 ****61.25

0074274

Principal Place of Business 2107 PALMA SOLA BLVD. #102 BRADENTON FL 34209	Mailing Address 2107 PALMA SOLA BLVD. #102 BRADENTON FL 34209
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-2786993	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

PRATHER & SHARP, E.A.
CORTEZ COMMONS
5706 CORTEZ ROAD W
BRADENTON FL 34210

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWIHART, LYLE 2107 PALMA SOLA BL, #50 BRADENTON FL 34209 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALT, JERRY 2107 PALMA SOLA BLVD #02 BRADENTON FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHULTE, ROSE 2107 PALMA SOLA BLVD, #36 BRADENTON FL 34209 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAPER, RICHARD 2107 PALMA SOLA BLVD, #74 BRADENTON FL 34209 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, RALPH 2107 PALMA SOLA BLVD, #04 BRADENTON FL 34209 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, ROBERT 2107 PALMA SOLA BLVD BRADENTON FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

Date Daytime Phone #

CR2E037 (10/00)