

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

003779

**DOCUMENT # N20797**

1. Entity Name

**PALMETTO PARK ROAD CIVIC ASSOCIATION, INC.**



04-21-2003 91122 001 \*\*\*\*24.50  
04-21-2003 91122 002 \*\*\*\*12.25  
04-21-2003 91122 003 \*\*\*\*24.50

**55028487**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**21857 HIGH PINE TRAIL  
BOCA RATON FL 33428  
US**

Mailing Address

**21857 HIGH PINE TR.  
BOCA RATON FL 33428  
US**

2. Principal Place of Business

**21821 High Pine Trail**  
Suite, Apt. #, etc.

3. Mailing Address

**21748 High Pine Trail**  
Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip **33428**

Country **USA**

Zip **33428**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**UELTZEN, BEVERLY  
21857 HIGH PINE TR.  
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **BEVERLY FARNHAM**  
Street Address (P.O. Box Number is Not Acceptable)  
**21821 High Pine Trail**  
City **BOCA RATON** FL Zip Code **33428**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **KAUFMAN, ADRIAN**  
STREET ADDRESS **8959 OLD PINE WAY**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☒ Delete  
NAME **UELZEN, BEVERLY**  
STREET ADDRESS **21857 HIGH PINE TR.**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete  
NAME **KELLEY, PETER T**  
STREET ADDRESS **21911 CRICKLEWOOD TERR**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete  
NAME **HILINSKI, RICHARD**  
STREET ADDRESS **21748 HIGH PINE TRAIL**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete  
NAME **KELLEY, KATHRYN S**  
STREET ADDRESS **21911 CRICKLEWOOD TERR**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☒ Delete  
NAME **MIRSKY, JOSEPH J**  
STREET ADDRESS **8887 OLD PINE RD**  
CITY-ST-ZIP **BOCA RATON FL 33433**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **FARNHAM, BEVERLY**  
STREET ADDRESS **21821 High Pine Trail**  
CITY-ST-ZIP **BOCA RATON FL 33428**

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

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Clyman, Howard**  
STREET ADDRESS **8955 Old Pine Road**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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 an other like empowered.

SIGNATURE

**SIGNATURE REQUIRED BEVERLY FARNHAM 4/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)