

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0030517

**DOCUMENT # N23327**

1. Entity Name

**THE PALMS ON THE CREEK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**2370 NE 135TH STREET., #406  
 NORTH MIAMI FL 33181  
 US**

Mailing Address

**CDS MANAGEMENT  
 POST OFFICE BOX 17524  
 PLANTATION FL 33318-7524  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0175038**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CDS MANAGEMENT & REAL ESTATE GROUP, INC  
 300 SOUTH PINE ISLAND ROAD  
 PLANTATION F FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

**Suite 238**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **DELONG, DONNA M**  
 STREET ADDRESS **2370 NE 135TH ST. #209**  
 CITY-ST-ZIP **N MIAMI FL 33181**

TITLE **PD.** ☐ Change ☒ Addition  
 NAME **DIETER H SEIDEL**  
 STREET ADDRESS **2370 NE 135TH ST #408**  
 CITY-ST-ZIP **N MIAMI, FL 33181**

TITLE **VD** ☐ Delete  
 NAME **RODRIGUEZ, CARLOS**  
 STREET ADDRESS **2370 NORTH EAST 135 STREET #307**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

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

TITLE **TD** ☒ Delete  
 NAME **NADAL, CHRISTIAN**  
 STREET ADDRESS **2370 NE 135TH ST. #205**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **Treasurer TD** ☐ Change ☒ Addition  
 NAME **JUDY PIGNATELLI**  
 STREET ADDRESS **2370 NE 135 ST. #202**  
 CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE **D** ☐ Delete  
 NAME **MALINE, JODIE**  
 STREET ADDRESS **2370 NORTH EAST 135 STREET #302**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/02 305-354-4658**  
 Date Daytime Phone #

CR2E037 (9/01)