4/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State
04-12-2001 90169 011 ****61.25

DOCUMENT # N23656

1. Entity Name

PALM BEACH FARMS HOMEOWNERS ASSOCIATION, INC.

(A)

Principal Place of Business	Mailing Address
% THOMAS BAMFORD 1141 S.W. 15TH ST. BOCA RATON FL 33486	% THOMAS BAMFORD 1141 S.W. 15TH ST. BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o BRIAN BIBBEE	P.O. Box 276250
Suite, Apt. #, etc.: 861 S.W. 21st Street	Suite, Apt. #, etc.
City & State: BOCA RATON F	City & State: BOCA RATON FL
Zip: FL 33486 Country: USA	Zip: 33486 Country: USA

4. FEI Number: NOT APPLICABLE ☐ 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
BAMFORD, THOMAS 1141 S.W. 15TH STREET BOCA RATON FL 33486	Name: GARY M. JANSON Street Address (P.O. Box Number is Not Acceptable): 1420 S.W. 19th Street City: BOCA RATON FL Zip Code: 33486

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: Gary M. Janson 4/5/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ERNST, JOHN 1140 S.W. 19TH ST. BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRIAN BIBBEE 861 S.W. 21st Street BOCA RATON FL 33486	☐ Change ☒ Addition PRES (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANDON, JOANN 1150 S.W. 19TH ST. BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARY M. JANSON 1420 S.W. 19 M STREET BOCA RATON FL 33486	☐ Change ☒ Addition TREASURER (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLANZ, MARGE 1041 S.W. 17TH ST. BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAY MACKINNON 960 S.W. 18th St. BOCA RATON FL 33486	☐ Change ☒ Addition VICE PRES (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENJAMIN, ROBERT 1120 S.W. 15TH ST. BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAMFORD, THOMAS 1141 S.W. 15TH ST. BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 — 4/5/01 Date — 561-362-7105 Daytime Phone #