


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

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

04-21-2003 90490 025 ****61.25

DOCUMENT # N25156
1. Entity Name
PAGET COURT HOMES ASSOCIATION, INC.



Principal Place of Business
**1105 12TH ST
VERO BEACH FL 32960**

Mailing Address
**1105 12TH ST
VERO BEACH FL 32960**



2. Principal Place of Business
Suite, Apt. #, etc. **835 20th PI**
City & State **VERO BEACH FL**
Zip **32960** Country **IR**

3. Mailing Address
Suite, Apt. #, etc. **835 20th PI**
City & State **VERO BEACH FL**
Zip **32960** Country **IR**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MERRILL, KAREN
1105 12TH ST - 835 20th PI
VERO BEACH FL 32960**

4. FEI Number **65-0076943** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) **835 20th PI**
City **VERO BEACH** **1** **FL** Zip Code **32960**

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 *Karen L Merrill* DATE **4-7-03**

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	P	<input type="checkbox"/> Delete
NAME	GLAVIN, BILL	
STREET ADDRESS	110 PAGET COURT	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOUDERS, WILLIAM F	
STREET ADDRESS	50 PAGET COURT	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAMSON, THOMAS R	
STREET ADDRESS	80 PAGET COURT	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GALVIN, WILLIAM F	
STREET ADDRESS	120 PAGET CT	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lela Leslie	
STREET ADDRESS	70 paget ct	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

CR2E037 (10/02)