

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91159 049 \*\*\*\*61.25

**DOCUMENT # N35381**

1. Entity Name

**PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**1221 HANCOCK CIR  
 ST. CLOUD FL 34769  
 US**

Mailing Address

**1221 HANCOCK CIR  
 ST. CLOUD FL 34769  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOESSEL, DON  
 1221 HANCOCK CIR  
 ST. CLOUD FL 34769**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BOESSEL, DON</b>	
STREET ADDRESS	<b>1221 HANCOCK CIR</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HARVELL, TERRY</b>	
STREET ADDRESS	<b>1214 HANCOCK CIRCLE</b>	
CITY-ST-ZIP	<b>SAINT CLOUD FL 34769</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BRAZEE, DON</b>	
STREET ADDRESS	<b>1217 HANCOCK CIR.</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, TERRY</b>	
STREET ADDRESS	<b>1245 HANCOCK CIRCLE</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL 34744</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SWAINE, RICHARD</b>	
STREET ADDRESS	<b>1237 HANCOCK CIR</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL 34769</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEARS, JACK</b>	
STREET ADDRESS	<b>1103 HANCOCK CIRCLE</b>	
CITY-ST-ZIP	<b>ST. CLOUD, FL, 34769</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SWEET, JOEL</b>	
STREET ADDRESS	<b>1225 HANCOCK CIRCLE</b>	
CITY-ST-ZIP	<b>ST. CLOUD, FL, 34769</b>	
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 REQUIRED**

4-29-02

4078466002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)