

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38985

1. Entity Name

PALM BAY HOMEOWNERS' ASSOCIATION, INC.

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90069 004 \*\*\*\*61.25

Principal Place of Business

5 MIRACLE STRIP LOOP  
#12  
PANAMA CITY BEACH FL 32407

Mailing Address

P.O. BOX 18318  
PANAMA CITY BEACH FL 32417-8318  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3023461

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

SLOAN, TOMOTHY J  
427 MCKENZIE AVENUE  
PANAMA CITY FL 32402-2327

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDA  
DOCTOR, MICHAEL  
8212 GRAND PALM BLVD.  
PANAMA CITY BCH FL 32408 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
SCHENCK, PHIL  
114 PALM CROSSING ROAD  
PANAMA CITY BEACH FL 32408 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HERMAN W THOMPSON  
8222 GRAND BAY BLVD  
PANAMA CITY BEACH FL 32408 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
DUCOTE, BECKY  
8214 GRAND PALM BLVD.  
PANAMA CITY BEACH FL 32408 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DO  
KAMENS, EARL  
146 PALM GROVE BLVD.  
PANAMA CITY BEACH FL 32408 ☒ 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  
DT  
GEORGE A. SEILER  
108 PALM CROSSING  
PANAMA CITY BEACH, FL 32408 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILEY TILLEY  
138 PALM GROVE BLVD,  
PANAMA CITY BEACH, FL 32408 ☐ Change ☒ Addition

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

Date

Daytime Phone #

CR2E037 (10/00)