

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90014 008 ****61.25

DOCUMENT # N94000002545

1. Entity Name
PALM LAKES AT FOXMOOR CONDOMINIUM ASSOCIATION, I

Principal Place of Business
DICK LAPOSTA, C.M.C.A. DL
GULF SHORES C.A.M.
1621 N. TAMiami TRAIL
SUITE 5
N. FT. MYERS FL 33903
US
76 PONDELLA ROAD, STE 201
N. FORT MYERS, FLORIDA 33903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0570515		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
DICK LAPOSTA, C.M.C.A. DL GULF SHORES C.A.M. 76 PONDELLA ROAD, STE 201 N. FORT MYERS, FLORIDA 33903				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD	<input checked="" type="checkbox"/> Delete SWALLOW, JUNE 15610-101 CRYSTAL LAKE DR N. FT. MYERS FL 33917	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PASSMORE, LOIS 15630 CRYSTAL LAKE DR N. FT. MYERS, FL 33917
TITLE PD	<input type="checkbox"/> Delete BUSBY, ROBERT 15620-104 CRYSTAL LAKE DR. N. FT. MYERS FL 33917	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OTENTI, BRUCE 15600 CRYSTAL LAKE DR N. FT. MYERS, FL 33917
TITLE VPD	<input type="checkbox"/> Delete CESNER, CHAROLETTE 15600-102 CRYSTAL LAKE DR. N. FT. MYERS FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input checked="" type="checkbox"/> Delete SULLIVAN, JANICE 15620-103 CRYSTAL LAKE DR. N FT MYERS FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete REYNOLDS, DAVID 15610-103 CRYSTAL LAKE DR. N. FORT MYERS FL 33917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Charlotte Cesner* SIGNATURE REQUIRED *Charlotte Cesner* Date *5-1-2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)