

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90248 003 \*\*\*\*61.25

**DOCUMENT # N94000002545**

1. Entity Name

**PALM LAKES AT FOXMOOR CONDOMINIUM ASSOCIATION, I NC.**

Principal Place of Business

Mailing Address

GULF SHORES C A M  
 76 PONDELLA RD STE 201  
 N. FT. MYERS FL 33903  
 US

GULF SHORES C A M  
 76 PONDELLA RD STE 201  
 N. FT. MYERS FL 33903  
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0570515**

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

**DICK LAPOSTA CMCA  
 GULF SHORES CAM  
 76 PONDELLA RD STE 201  
 N. FT. MYERS FL 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

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>D</b>	<input type="checkbox"/> Delete
NAME	<b>PASSMORE, LOIS</b>	
STREET ADDRESS	<b>15600 CRYSTAL LAKE DR</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CESNER, CHAROLETTE</b>	
STREET ADDRESS	<b>15600-102 CRYSTAL LAKE DR</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REYNOLDS, DAVID</b>	
STREET ADDRESS	<b>15610-103 CRYSTAL LAKE DR.</b>	
CITY-ST-ZIP	<b>N. FORT MYERS FL 33917</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADRIANCE, LEONARD</b>	
STREET ADDRESS	<b>15620 CRYSTAL LAKE DR.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33917</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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>PROUX, ANDRE</b>	
STREET ADDRESS	<b>15620-104 CRYSTAL LAKE DR</b>	
CITY-ST-ZIP	<b>N. FT. MYERS, FL 33917</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARDNER, SUSAN</b>	
STREET ADDRESS	<b>5801 CRYSTAL LAKE LANE</b>	
CITY-ST-ZIP	<b>N. FT. MYERS, FL 33917</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYNOLDS, DAVID</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADRIANCE, LEONARD</b>	
STREET ADDRESS		
CITY-ST-ZIP		
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		

CR2E037 (9/01)

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:** *Lois M. Passmore* **REQUIRED LOIS M. PASSMORE 4/26/02 239-997-8114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #