

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

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

04-28-2003 91412 041 ****61.25

DOCUMENT # N94000002545



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

05042622

Principal Place of Business Mailing Address
**GULF SHORES C A M GULF SHORES C A M
76 PONDELLA RD STE 201 76 PONDELLA RD STE 201
N. FT. MYERS FL 33903 N. FT. MYERS FL 33903
US US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** Delete
NAME **PASSMORE, LOIS DS**
STREET ADDRESS **15600 CRYSTAL LAKE DR**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **REYNOLDS, DAVID VPD**
STREET ADDRESS **15610-103 CRYSTAL LAKE DR.**
CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **LD** Delete
NAME **ADRANCE, LEONARD LD**
STREET ADDRESS **15620 CRYSTAL LAKE DR.**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **PROUX, ANDRE**
STREET ADDRESS **15620 - 104 CRYSTAL LAKE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GARDNER, SUSAN**
STREET ADDRESS **5801 CRYSTAL LAKE LANE**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Leonard T. Adrance* **Leonard T Adrance** 4-21-03 239-997-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)