

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001217

1. Entity Name

COURT OF PALMS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

7633 39TH ST CIR EAST  
SARASOTA FL 34243

Mailing Address

7633 39TH ST CIR EAST  
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

7653 39th St. Cir East

Suite, Apt. #, etc.  
Sarasota, FL 34243

Suite, Apt. #, etc.

City & State

Zip

Country

Florida

34243

Country

City & State

Zip

6. Name and Address of Current Registered Agent

CARTWRIGHT, WILLIAM E  
7633 39TH ST CIR EAST  
SARASOTA FL 34243

4. FEI Number 65-0650867

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name Robert White

Street Address 7653 39th St Cir E

City Sarasota

FL

Zip Code 34243

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

TITLE PD  
NAME CARTWRIGHT, WILLIAM  
STREET ADDRESS 7633 39TH ST CIR EAST  
CITY-ST-ZIP SARASOTA FL 34243

TITLE VD  
NAME WHITE, ROBERT  
STREET ADDRESS 7653 39TH ST CIR EAST  
CITY-ST-ZIP SARASOTA FL 34243

TITLE VD  
NAME JORGENSEN, DEAN  
STREET ADDRESS 7668 39TH ST CIR EAST  
CITY-ST-ZIP SARASOTA FL 34243

TITLE SD  
NAME FLATCH, JASON  
STREET ADDRESS 7669 39TH ST CIR EAST  
CITY-ST-ZIP SARASOTA FL 34243

TITLE TD  
NAME KOLBE, SCOTT  
STREET ADDRESS 7672 39TH ST CIR EAST  
CITY-ST-ZIP SARASOTA FL 34243

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 941-360-8033

Date

Daytime Phone #

CR2E037 (9/01)

0053286



DO NOT WRITE IN THIS SPACE