

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90168 035 ****61.25

DOCUMENT # N95000005229

1. Entity Name

HOLMES BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business

2920 AVENUE C
HOLMES BEACH FL 34217
US

Mailing Address

P.O. BOX 1944
HOLMES BEACH FL 34218
US

2. Principal Place of Business

Island Branch Library

5701 Marina Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

City & State

4. FEI Number

65-0623626

Applied For

Not Applicable

Zip

34217

Country

United States

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORNBURG, MERCEDES
528 72 STREET
HOLMES BCH FL 34217

7. Name and Address of New Registered Agent

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 Mercedes Thornburg

Signature, typed or printed name of registered agent and title if applicable.

Mercedes Thornburg

4-15-2002

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	P	<input checked="" type="checkbox"/> Delete
NAME	PALMER, RICHARD	
STREET ADDRESS	6907 HOLMES BLVD	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WIEDORN, AL	
STREET ADDRESS	7007 GULF DRIVE	
CITY-ST-ZIP	HOLMES BCH FL 34217	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRICKLAND, MARY	
STREET ADDRESS	3104 AVE E	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DCS	<input checked="" type="checkbox"/> Delete
NAME	EARLY, JANE	
STREET ADDRESS	4307 GULF DRIVE	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRACKEN, JOE	
STREET ADDRESS	535 68 ST	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERRY, JOAN	
STREET ADDRESS	507 74TH STREET	
CITY-ST-ZIP	HOLMES BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bracken, Joe	
STREET ADDRESS	535 68 ST	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiedorn, Al	
STREET ADDRESS	7007 Gulf Drive	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Early, Jane	
STREET ADDRESS	4307 Gulf Drive	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Romberger, Shirley	
STREET ADDRESS	512 71 ST	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gelderman, Florence	
STREET ADDRESS	509 74 ST	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thornburg, Mercedes	
STREET ADDRESS	528 72 ST	
CITY-ST-ZIP	Holmes Beach, FL 34217	

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:

Mercedes Thornburg

Date

Daytime Phone #

CR2E037 (9/01)