

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90003 029 ****61.25

DOCUMENT # N96000001228

1. Entity Name

THREE PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O NORMAN STEIN
 31245 THREE PALMS LN
 TAVARES FL 32778

C/O NORMAN STEIN
 31245 THREE PALMS LN
 TAVARES FL 32778

DELETE



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

59-3374494

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HODDER, MAURICE
31229 THREE PALMS LN
TAVARES FL 32778

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 **D** ☐ Delete
 NAME **SCHUL, RAYMOND**
 STREET ADDRESS **31289 THREE PALMS**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Change ☐ Addition
 NAME **DEFRIEZE, MEL**
 STREET ADDRESS **31245 THREE PALMS LN**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **S** ☒ Delete
 NAME **DEFRIEZE, MEL**
 STREET ADDRESS **31245 THREE PALM LN**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME **ELLEN SWEARENGEN**
 STREET ADDRESS **31269 THREE PALMS LN**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Delete
 NAME **TIMM, MARY**
 STREET ADDRESS **31273 THREE PALMS LN**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **LEGGETT, MARJORIE**
 STREET ADDRESS **31201 THREE PALMS LN**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SKINNER, BEATRICE**
 STREET ADDRESS **31286 THREE PALMS LN**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LEGGETT, ELWOOD**
 STREET ADDRESS **31201 THREE PALMS LN**
 CITY-ST-ZIP **TAVARES FL 32778**

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:

Maurice Hodder
MAINTENANCE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 23, 2002 343-8943

Date

Daytime Phone #

CR2E037 (9/01)

0010907