

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90069 048 \*\*\*\*61.25

**DOCUMENT # N97000003478**

1. Entity Name

**LAGUNA PALMS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 250  
 INVERNESS FL 34451

Mailing Address

1102 N HWY 41  
 INVERNESS FL 34450

2. Principal Place of Business

311 W. Main Street

3. Mailing Address

311 W. Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness Florida

City & State

Inverness Florida

Zip

34450

Country

USA

Zip

34450

Country

USA

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STILLWELL, CLARK A  
 320 HWY. 41, S.  
 INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name Kim Allen Twiss

Street Address (P.O. Box Number is Not Acceptable)

311 W. Main Street

City Inverness

**FL**

Zip Code 34450

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

Kim Allen Twiss

Kim Allen Twiss

4/25/01

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 **D** ☐ Delete  
 NAME **STEWART, TERRIANN**  
 STREET ADDRESS **9761 E. GOLDFINCH LN.**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Delete  
 NAME **PRESTON, ANTHONY**  
 STREET ADDRESS **10550 E. AFP. CT.**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Delete  
 NAME **PIPER, DAVID**  
 STREET ADDRESS **9723 E. GOLDFINCH LANE**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☒ Delete  
 NAME **SIMMONS, ROBERT E**  
 STREET ADDRESS **9747 E. GOLDFINCH LANE**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Delete  
 NAME **GOLDY, WARREN**  
 STREET ADDRESS **9805 E. GOLDFINCH LANE**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Frank Seaman**  
 STREET ADDRESS **501 Hiawatha Ave**  
 CITY-ST-ZIP **Inverness FL 34452**

TITLE ☐ Change ☐ Addition  
 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:**

SIGNATURE REQUIRED STEWART

4-25-01

352 726-5263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)