

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000006490****1. Entity Name****THE PALMS NEIGHBORHOOD ASSOCIATION OF THE PALMS AT HAMPTON LAKES, INC.****Principal Place of Business****Mailing Address**

1416 CONCORD ST E

P O BOX 531010

ORLANDO  
32803FL  
USORLANDO  
328531010FL  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3553683**

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**THE MELROSE CORP  
1416 CONCORD ST EASTORLANDO  
32803 FL  
US

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 JACK B. HANSON****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	STD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAPLETON KIRSTIN		NAME	STAPLETON KIRSTIN		
STREET ADDRESS	385 DOUGLAS AVE., STE 2000		STREET ADDRESS	385 DOUGLAS AVE., STE 2000		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAKRANSKY JAMES		NAME	MAKRANSKY JAMES		
STREET ADDRESS	385 DOUGLAS AVE., STE 2000		STREET ADDRESS	385 DOUGLAS AVE., STE 2000		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAISER DAN		NAME	KAISER DAN		
STREET ADDRESS	385 DOUGLAS AVE., STE 2000		STREET ADDRESS	385 DOUGLAS AVE., STE 2000		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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)(f), 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: KIRSTEN STAPLETON****D****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)