# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 29, 2002 8:00 am**
**Secretary of State**
04-08-2002 90248 035 ****61.25

DOCUMENT # N98000007200

1. Entity Name

THE PALMS AT ATLANTIS HOMEOWNERS ASSOCIATION, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| %COMMUNITY ASSN. SVCS. INC.<br>951 BROKEN SOUND PKWY #250<br>BOCA RATON FL 33487 | %COMMUNITY ASSN. SVCS. INC.<br>951 BROKEN SOUND PKWY #250<br>BOCA RATON FL 33487 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o CMC Management | c/o CMC Management |
| Suite, Apt. #, etc.: 2994 Jog Rd. Suite B | Suite, Apt. #, etc.: 2994 Jog Rd Suite B |
| City & State: Greenacres, FL | City & State: Greenacres, FL |
| Zip: 33467 Country: | Zip: 33467 Country: |

4. FEI Number: 65-0827598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MESSINGER, JOEL
951 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Scot A Gerrish
Street Address (P.O. Box Number is Not Acceptable): 2994 Jog Rd. Suite B
City: Greenacres, FL Zip Code: 33467

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: Scot A Gerrish Manager 3-28-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NEWMARK, EMANUAL<br>180 PALM CIRCLE<br>ATLANTIS FL 33462 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>MATULIS, PATRICIA A.K.<br>165 Palm Circle<br>Atlantis FL 33462 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CURRI, NICHOLAS J<br>248 PALM CIRCLE<br>ATLANTIS FL 33462 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRESIDENT<br>W.R. Greanette<br>224 PALM CIRCLE<br>ATLANTIS FL 33462 — ☒ Change ☐ Addition<br>W.R. GREANETTE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WURDACK, MARY L<br>144 PALM CIRCLE<br>ATLANTIS FL 33462 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>[illegible]<br>224 Palm Circle<br>Atlantis FL 33462<br>TREASURER — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>PATRICIA J. POTESTA<br>217 PALM CIRCLE<br>ATLANTIS FL 33462-6630 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>Richard Willits<br>192 Palm Circle Atlantis, FL 33462 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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: Patricia A.K. Matulis 04.02.02 561-641-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #