2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # **N99000002606**

1. Entity Name



01-30-2003 90148 019 ****61.25

Jan 30, 2003 8:00 am Secretary of State

FILED

PALM RIVER RESERVE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1502 SOUTH MARTI STREET 1502 SOUTH MARTI STREET **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Sout Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3645150 City & State City & State Applied For amoa Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ren r BRILL, MORRIS LEE III Street A 1502 SOUTH MARTI STREET **TAMPA FL 33629** com na 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. I am familiar with, and accept the obligations of re gistered age **SIGNATURE** ent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D .- Addition TITLE ☐ Delete TITLE CRAIG, MICHAEL D NAME 517 SOUTH 58TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP ☐ Delete TITLE TITLE BRILL, MORRIS NAME NAME STREET ADDRESS STREET ADDRESS 1802 SOUTH MARTI STREET CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Tampar, ☐ Delete Krmando P. Celeiro **BRUCATO, DANIEL** NAME NAME STREET ADDRESS 513 SOUTH 58TH ST STREET ADDRESS FU 33605 CITY-\$T-ZIP CITY-ST-ZIP **TAMPA FL 33619** Tampa, ■ Addition TITLE TITLE ☐ Delete JAKHOTIA, DEEPAK NAME NAME STREET ADDRESS STREET ADDRESS 2204 BAY CLUB CR CITY-ST-ZIP City-St-7IP TAMPA FL 33607 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP