

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90137 033 ****70.00

DOCUMENT # N35381

1. Entity Name
PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1221 HANCOCK CIR
ST. CLOUD FL 34769
US

Mailing Address
1221 HANCOCK CIR
ST. CLOUD FL 34769
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOESSEL, DON
1221 HANCOCK CIR
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOESSEL, DON	
STREET ADDRESS	1221 HANCOCK CIR	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARVELL, TERRY	
STREET ADDRESS	1214 HANCOCK CIRCLE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRAZEE, DON	
STREET ADDRESS	1217 HANCOCK CIR.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, TERRY	
STREET ADDRESS	1245 HANCOCK CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL 34744	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEARS, JACK	
STREET ADDRESS	1103 HANCOCK CIRCLE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEET, JOEL	
STREET ADDRESS	1225 HANCOCK CIRCLE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *TERRY W. HARVELL* 26 MAR 03 800 788 6219

CR2E037 (10/02)