

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90037 012 ****61.25

DOCUMENT # N14247

1. Entity Name

PALM SHORES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PALM SHORES
 P.O. BOX 562
 INTERLACHEN FL 32148
 US**

**PALM SHORES
 P.O. BOX 562
 INTERLACHEN FL 32148-0562
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2647566

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGUE, BARBARA A
 111 IRON AVE
 P.O. BOX 535
 INTERLACHEN FL 32140**

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

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 | P | <input type="checkbox"/> Delete |
| NAME | HOGUE, JOSEPH | |
| STREET ADDRESS | 111 IRON AVE | |
| CITY-ST-ZIP | INTERLACHEN FL 32148 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GAGNE, VICTOR | |
| STREET ADDRESS | 114 VELVET ST | |
| CITY-ST-ZIP | INTERLACHEN FL 32148 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HOGUE, BARBARA | |
| STREET ADDRESS | 111 IRON AVE | |
| CITY-ST-ZIP | INTERLACHEN FL 32148 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | CZARKOWSKI, HELEN | |
| STREET ADDRESS | 133 REAVES AVE | |
| CITY-ST-ZIP | INTERLACHEN FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRIDEAU, LARRY | |
| STREET ADDRESS | 157 PRIDGEON | |
| CITY-ST-ZIP | INTERLACHEN FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAFIRIRA, ROGER | |
| STREET ADDRESS | 105 SALEM ST | |
| CITY-ST-ZIP | INTERLACHEN FL 32148 | |

| | | |
|----------------|--|---|
| 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 | | |
| 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:

BARBARA A. HOGUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000 (904) 684-3017

C.R. E037 (9/99)