

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90022 041 ****61.25



DO NOT WRITE IN THIS SPACE

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

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 **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HOGUE, BARBARA A
 111 IRON AVE
 INTERLACHEN FL 32140**

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.
 SIGNATURE Barbara A. Hogue Corporate Treasurer 1-6-2001
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

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 checked="" 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	

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 checked="" type="checkbox"/> Addition
NAME	Cummings, EARL	
STREET ADDRESS	119 SALEM ST.	
CITY-ST-ZIP	INTERLACHEN, FL 32148	
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 REQUIRED** 1-6-2001 (904) 684-3017
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)