2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90081 043 ****61.25

DOCUMENT # 734279

1. Entity Name

TARPON WOODS, TANGLEWOOD PATIO HOMEOWNERS' ASSOC

C0037158

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JIM NOBLES MANAGEMENT. INC. 800 TARPON WOODS BLVD. F-1 PALM HARBOR FL 34685 US	C/O JIM NOBLES MANAGEMENT. INC. 800 TARPON WOODS BLVD. F-1 PALM HARBOR FL 34685-2000 US

2. Principal Place of Business	3. Mailing Address
251 WINDWARD PASSAGE	251 WINDWARD PASSAGE
Suite, Apt. #, etc.: SUITE F	Suite, Apt. #, etc.: SUITE F
City & State: CLEARWATER, FL.	City & State: CLEARWATER, FL
Zip: 33767 Country: USA	Zip: 33767 Country: USA

4. FEI Number: 59-1716033 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JIM NOBLES MANAGEMENT INC.
800 TARPON WOODS BLVD
STE F1
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name —

Street Address (P.O. Box Number is Not Acceptable): 251 WINDWARD PASSAGE, SUITE F.

City: CLEARWATER FL Zip Code: 33767

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: Sharon C. Smith 3-3-00
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 BATES, THOMAS 1510 PALMER COURT PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRENCH, SALLY 410 PALMER CIRCLE PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSBORNE, BOBBY 2120 PALMER PL PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MESSEBERG, EVE 2040 PALMER WAY PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PASSER, MELVIN 2020 PALMER WAY PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: S. Melvin Passer REQUIRED 3/10/00 (727) 789-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #