

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02174

1. Entity Name

THE TIKI BAY CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90058 025 *****61.25

Principal Place of Business

Mailing Address

6504 SURFSIDE BLVD
UNIT 7
APOLLO BCH FL 33572
US

6504 SURFSIDE BLVD
UNIT 7
APOLLO BCH FL 33572
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

7. Name and Address of New Registered Agent

WITSIL, R L
6504 SURFSIDE UNIT 7
UNIT 7
APOLLO BEACH FL 33572

Name

WITSIL, R.L.

Street Address (P.O. Box Number is Not Acceptable)

6504 Surfside Blvd.

UNIT 7

City

Apollo Beach

FL

Zip Code

33572

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 NAME STREET ADDRESS CITY-ST-ZIP	TD WITSIL, ROBERT L 6504 SURFSIDE BLVD #7 APOLLO BEACH FL 33572	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINCART, ROBERT 6504 SURFSIDE BLVD #2 APOLLO BEACH FL 33572	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, NEAL 6504 SURFSIDE BLVD, #6 APOLLO BEACH FL 33572	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE DIANE 6504 Surfside Blvd #6 APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, NEAL 6504 Surfside Blvd, #6 APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, ROBERT 6504 Surfside Blvd #1 APOLLO BEACH, FL 33572	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)