2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2002 8:00 am Secretary of State **DOCUMENT # N08513** 1. Entity Name TARPON LANDINGS HOMEOWNERS ASSOCIATION, INC. 02-27-2002 90076 037 ****61.25 Mailing Address Principal Place of Business 8211 STATE ROAD 52 2100 TARPON LANDINGS DR. HUDSON FL 34667 TARPON SPRINGS FL 34689 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2669060 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PIANKA, EDWARD W C/O 8211 STATE ROAD 52 **HUDSON FL 34667** Zip Code City 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 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)☐ Addition TITLE Change ☐ Delete TITLE MOON, RAYMOND E NAME NAME 2160 TARPON LANDINGS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Addition Change ☐ Delete TD TITLE TITLE SNYDER, LESTER P NAME NAME 2144 TARPON LANDINGS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-7IP Change ☐ Addition ☐ Delete SD TITLE TITLE BARRY, MELANIE A NAME NAME STREET ADDRESS 2140 TARPON LANDINGS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tarpon Springs FL 34689 Change ☐ Addition ☐ Delete.* TITLE PŁANKA, ED NAME NAME **2100 TARPON LANDINGS DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Change ☐ Addition TITLE ☐ Delete TITLE **BOSTON, FRED D** NAME NAME 2148 TARPON LANDINGS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP Tarpon Springs FL 34689 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

th an address, changed, or on an attachment

12. I hereby certify that the information supplied with this filling 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