

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90102 035 ****61.25

DOCUMENT # N26415

1. Entity Name

TAMPA HOMEOWNERS, AN ASSOCIATION OF NEIGHBORHOOD S, INC.

Principal Place of Business

Mailing Address

3301 W. SAN JOSE
 TAMPA FL 33629

3301 W. SAN JOSE
 TAMPA FL 33629
 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

59-2890968

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

LABOUR, STEVE
3301 W. SAN JOSE
TAMPA FL 33629

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	DP	<input type="checkbox"/> Delete
NAME	LABOUR, STEVE	
STREET ADDRESS	3301 W. SAN JOSE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BUFORD, JILL	
STREET ADDRESS	6904 S FITZGERALD	
CITY-ST-ZIP	TAMPA FL 33616-1810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERING, JUDY	
STREET ADDRESS	12113 KNOLL ST	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LYON, SUE	
STREET ADDRESS	3233 FAIR OAKS	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 813-684-6000

Date

Daytime Phone #

CR2E037 (9/01)