

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27840

1. Entity Name

LA PALOMA VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

3634 GAVIOTA DR
RUSKIN FL 33573
US

Mailing Address

3634 GAVIOTA DR
RUSKIN FL 33573
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

59-2887294

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

MILLER, MICHAEL L
3624 GAVIOTA DR
SUITE 1400
TAMPA FL 33602

incorrect

Name

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

3634 Gaviota Drive

City

RUSKIN

FL

Zip Code

33573

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

Judy Garrett Judy Garrett

4-29-02

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 PD
NAME MILLER, MICHAEL L
STREET ADDRESS 3634 GAVIOTA DR
CITY-ST-ZIP RUSKIN FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GRISWOLD, JOHN
STREET ADDRESS 3716 GAVIOTA DR
CITY-ST-ZIP RUSKIN FL 33573 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME MILLER, MICHAEL L
STREET ADDRESS 614 SUPERIOR AV NW
CITY-ST-ZIP CLEVELAND OH 44113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME GARRETT, JUDY
STREET ADDRESS 3634 GAVIOTA DR
CITY-ST-ZIP RUSKIN FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Also add me as director
STD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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:

Judy Garrett **SIGNATURE REQUIRED**

4-29-02

813-633-0900

Date

Daytime Phone #

CR2E037 (9/01)