

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

0009819

05-14-2001 90052 042 \*\*\*\*61.25

**DOCUMENT # N92000000374**

1. Entity Name

**TROPICAL ESTATES OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

145 EL PINO DR  
 NEW SMYRNA BCH FL 32168  
 US

145 EL PINO DR  
 NEW SMYRNA BCH FL 32168  
 US

2. Principal Place of Business

3. Mailing Address

**185 EL PINO DR**  
 Suite, Apt. #, etc.

**185 EL PINO DR**  
 Suite, Apt. #, etc.

City & State  
**NEW SMYRNA BCH, FL**

City & State  
**NEW SMYRNA BCH, FL**

4. FEI Number  
**59-3160984**

Applied For  
 Not Applicable

Zip  
**32168**

Country  
**USA**

Zip  
**32168**

Country  
**USA**

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

**MUELLER, WERNER**  
**145 EL PINO DR**  
**NEW SMYRNA BCH FL 32168**

Name **SZUMIGALA, JENNIFER**

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

**185 EL PINO DR.**

City **NEW SMYRNA BCH FL** Zip Code **32168**

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 *Jennifer Szumigala*

**4/30/01**

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	<b>PD MUELLER, WERNER 145 EL PINO DR NEW SMYRNA BEACH FL 32168</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SZUMIGALA, JENNIFER 185 EL PINO DR NEW SMYRNA BCH FL 32168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KMITA, JOHN 141 TAGANANA DR NEW SMYRNA BCH FL 32168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EVANS, DAVID 194 EL PINO DR NEW SMYRNA BCH FL 32168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jennifer Szumigala*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**  
 Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE