

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

0001741

DOCUMENT # N92000000374

1. Entity Name

TROPICAL ESTATES OWNERS ASSOCIATION, INC.

05-27-2002 90358 023 ****61.25

Principal Place of Business

Mailing Address

**185 EL PINO DR
 NEW SMYRNA BCH FL 32168
 US**

**185 EL PINO DR
 NEW SMYRNA BCH FL 32168
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3160984

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SZUMIGALA, JENNIFER
 185 EL PINO DR
 NEW SMYRNA BCH FL 32168**

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

Jennifer Szumigala

JENNIFER SZUMIGALA

4/30/02

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 Delete
 NAME **SD SZUMIGALA, JENNIFER**
 STREET ADDRESS **185 EL PINO DR**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE Change Addition
 NAME **D MICHAEL KEANE**
 STREET ADDRESS **120 TAGANANA DR**
 CITY-ST-ZIP **NEW SMYRNA BCH, FL 32168**

TITLE Delete
 NAME **TD KMITA, JOHN**
 STREET ADDRESS **141 TAGANANA DR**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D EVANS, DAVID**
 STREET ADDRESS **194 EL PINO DR**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

JENNIFER SZUMIGALA

JENNIFER SZUMIGALA

4/30/02 (386)424-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)