

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90281 044 \*\*\*\*61.25

**DOCUMENT # N92000000374**



1. Entity Name  
**TROPICAL ESTATES OWNERS ASSOCIATION, INC.**

Principal Place of Business  
**185 EL PINO DR  
NEW SMYRNA BCH FL 32168  
US**

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3160984** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SZUMIGALA, JENNIFER  
185 EL PINO DR  
NEW SMYRNA BCH FL 32168**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SZUMIGALA, JENNIFER</b>	
STREET ADDRESS	<b>185 EL PINO DR</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL 32168</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KMITA, JOHN</b>	
STREET ADDRESS	<b>141 TAGANANA DR</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL 32168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, DAVID</b>	
STREET ADDRESS	<b>194 EL PINO DR</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL 32168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEANE, MICHAEL</b>	
STREET ADDRESS	<b>120 TAGANANA DR</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D MICHELS, SCOTT</b>	
STREET ADDRESS	<b>170 TAGANANA DR</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH, FL 32168</b>	
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 **JENNIFER SZUMIGALA 4/30/03 (386)424-1697**

CR2E037 (10/02)