

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000003083**

Entity Name

THE TRI COMMUNITY HOMEOWNER'S ASSOCIATION, INC.

04-11-2002 90007 049 ****61.25
N94000003083

FILED

02 APR 22 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

650580890

Principal Place of Business 2404 NW 135 ST MIAMI FL 33167 US	Mailing Address P.O. BOX 681617 MIAMI FL 33168
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, EUNICE L
1444 BISCAYNE BLVD, 220
MIAMI FL 33132

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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

TITLE NAME	DP YOUNG, LINCOLN	<input type="checkbox"/> Delete
STREET ADDRESS	2404 NW 135 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE NAME	VP ROLLINS, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS	2200 NW 133 STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE NAME	SD WILCOX, CARLA	<input type="checkbox"/> Delete
STREET ADDRESS	12781 WEST VIEW	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE NAME	DS ROBINSON, THELMA	<input type="checkbox"/> Delete
STREET ADDRESS	1825 NW 131 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE NAME	DT MCDUFFIE, ROSIE	<input type="checkbox"/> Delete
STREET ADDRESS	2152 NW 133RD STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(9)(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: YOUNG, LINCOLN *Lincoln Young* 4-4-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0026108

CR2E037 (9/01)