

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90120 002 \*\*\*\*61.25

**DOCUMENT # N96000003883**

1. Entity Name  
**LAKE TARPON VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**JIM NOBLES MANAGEMENT  
251 WINDWARD PASSAGE SUITE F  
CLEARWATER FL 33767  
US**

Mailing Address  
**JIM NOBLES MANAGEMENT  
251 WINDWARD PASSAGE SUITE F  
CLEARWATER FL 33767  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3398834</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>NICHOLS, SHERON JIM NOBLES MANAGEMENT 251 WINDWARD PASSAGE SUITE F CLEARWATER FL 33767</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DEMORANVILLE, ROBERT</b>			NAME			
STREET ADDRESS	<b>2593 CYPRUS DR 4103</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>			CITY-ST-ZIP			
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PUDELA, PAUL</b>			NAME			
STREET ADDRESS	<b>2595 CYPRUS DR 4204</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HEWITT, LORRAINE</b>			NAME			
STREET ADDRESS	<b>2579 CYPRUS DR. 3101</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>AQUAYO, MARIA</b>			NAME			
STREET ADDRESS	<b>1591 MC AULIDGE LN</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DOROCIAK, DONALD</b>			NAME			
STREET ADDRESS	<b>2595 CYPRUS DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* DATE: **3/20/03**

CR2E037 (10/02)