

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

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 046 ****61.25

DOCUMENT # N9700000008

1. Entity Name

TAMPA PALMS AREA 3 OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

80057653

2. Principal Place of Business

6000 Compton Estates Way

Suite, Apt. #, etc.

3. Mailing Address

6000 Compton Estates Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
59-3569718

Applied For
Not Applicable

Zip
33647

Country
USA

Zip
33647

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John S. Inglis

Street Address (P.O. Box Number is Not Acceptable)
Shumaker, Loop & Kendrick, LLP

101 E. Kennedy Blvd., Suite 2800

City Tampa FL Zip Code 33602

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FEE IS \$61.25
Initial or Amended UBR

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 STREET ADDRESS CITY-ST-ZIP	D Kinsler, Warren 6000 Compton Estates Way Tampa, Florida 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilf, Mark 820 Morris Turnpike Short Hills, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilf, Zygmunt 820 Morris Turnpike Short Hills, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: By 

Warren Kinsler, Director

3/25/02

813/910-7914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)