

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

05-27-2002 90454 039 ****61.25

DOCUMENT # N98000001162

1. Entity Name

PHILLIPPE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6880 46TH AVE N
 SUITE 240
 ST. PETERSBURG FL 33709
 US

PO BOX 10007
 LARGO FL 33773
 US

38944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 326

P.O. Box 326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

36-4409808

Applied For

Not Applicable

Zip

34695

Country

USA

Zip

34695

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, CHRISTIE S ESQUIRE
 128-21ST AVENUE NORTHEAST
 ST. PETERSBURG FL 33704-4541

7. Name and Address of New Registered Agent

Name

Richard Nalven

Street Address (P.O. Box Number is Not Acceptable)

804-- Duval-- Court

Safety Harbor,

City

FL

Zip Code 34695

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

X Richard Nalven

Richard Nalven 5/1/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, JOHN W 6880 46TH AVE N, SUITE 240 ST. PETERSBURG FL 33709	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO BRODERICK, ROGER B 5514 PARK BOULEVARD PINELLAS PARK FL 33781	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCREYNOLDS, CYNTHIA 6880 46TH AVE N, SUITE 240 ST. PETERSBURG FL 33709	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Richard Nalven 804-Duval Court Safety Harbor, FL 34695	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - Toni Gonzalez 824-Duval Court Safety Harbor, FL 34695	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Paul Cairns 809-Duval Court Safety Harbor, FL 34695	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *X Richard Nalven* Richard Nalven 5/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)

Attachment

N9800000116
38944



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 4, 2002

PHILLIPPE ESTATES HOMEOWNERS" ASSOCIATION, INC.
PO BOX 326
SAFETY HARBOR, FL 34695 US

Added to
next
letter
director

Subject: PHILLIPPE ESTATES HOMEOWNERS" ASSOCIATION, INC.

Reference Number: N98000001162

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/cm
ANNUAL REPORTS SECTION