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

## DOCUMENT # N9900000396

Entity Name

TATUM RIDGE OWNERS ASSOCIATION, INC.



04-03-2003 90129 042 \*\*\*\*61.25

**FILED** 

Apr 03, 2003 8:00 am Secretary of State

Principal Place of Business

Mailing Address

2180 W. SR 434

2180 W. SR 434 STE 5000

STE 5000 LONGWOOD FL 32779

LONGWOOD FL 32779

2. Principal Place of Business	3. Mailing Address	^
$0$ 001 $\tau$ $0$ 10 $0$ 10	and Time Conton	Prom
9031 lown center PKWY	1031 10Wh Center	<u>, ~wq</u>
0.11	Civilan Avel 44 etc	_ )



**UDDIRIOR** 

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			커	CHECK HERE IF MAKING CHANGES			
Brader	iton, FL	Bradenton.	FL	<u> </u>	4. FEI Number 59-361904				plied For t Applicable
3420		Zip 34202	Count (Count	SA		5. Certificate of	Status Desired	S8.75 Add Fee Require	
6Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LIADT IA	E	Advanced Management of SW FL Inc.							
HART, JAMES W JR. %SENTRY MGMT. INC.				Street Address (P.O. Box Number is Not Acceptable)					
2180 W. SR 434 -STE 5000				1031 10011 00170 10000					
	OD FL 32779-5044					<del> </del>			
LONGINO	OD 1 E 32/19-3044			CityBr	a do	nto		FL ZSC	202
<b>8.</b> The above	named entity submits this statement for	the purpose of changing its r	eaistered	office or re	egistere	d agent, or both, i	n the State of Florida		
	ions of registered agent.	and purpose or origing its i	-9.0.0.00	55 5. 10		9			
	907	$\bigcirc$			131c ~	0.00	سد مارا	2/2/167	
SIGNATURE .	De C	Dougl	<u>as                                     </u>	<u>L, W</u>	1120	on, rigsi	oent	3 31103	
0.0.0	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered A	gent signature	required w	hen einstating)		DATE	
						• • •			
	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Fina	ancing	5	\$5.00 May Be	Make	Check Payable	to
	-ILE NOW. FEE 13 \$01.25	Trust Fund Co	ontribution	ı. 🗆		Added to Fees	Florida	Department of S	State
10.	OFFICERS AND DIR	ECTORS	11.			DDITIONS/CHAN	GES TO OFFICERS	AND DIRECTORS IN	
TITLE	PD	Delete	TITLE		PD		_	☐ Change	Addition
NAME	SMOUSE, DARIN M	•	NAME	Y	Cim	William	15		·
STREET ADDRESS	301 N. CATTLEMAN ROAD, SUITE	108		ADDRESS 3	323	condonder	Y Di		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST			sota, FC:	<u> 34240                                    </u>	1687	
TITLE	VD	Delete	TITLE		(D			☐ Change	Addition
NAME	Bradburn, Beth	•	NAME			Murphy	~		
STREET ADDRESS	301 N. CATTLEMAN ROAD #108			ADDRESS 2	234. 4	ondonde	ich Dei		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST	T-ZIP	Sara	SOK FC	34240		
TITLE	STD	Delete	TITLE		ΓD			Change	Addition
NAME	Fernandez, al	/ -	NAME	5	steve	Baran	1 001		ľ
STREET ADDRESS	301 N CATTLEMAN RD #108		STREET	ADDRESS -	7894	1 Kavan	lagh Crt.		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-S1	T-ZIP S	aras	ida, FC	34240		_
TITLE	D	Delete	TITLE	4		•		Change	Addition
NAME	MONKS, ALLEN	•	NAME	- 19	<i>J</i> ack	. Chris K	lann		,
STREET ADDRESS	226 LONDONDERY DR		STREET.	address   \	95	<i>᠘ᢐᢩᠬᢁ</i> ᠬᢙ᠙	erry un.		
CITY-ST-ZIP	SARASOTA FL 34240		CITY-S1	T-ZIP	Sara:	sola, FC	34240	=	
TITLE	D	Delete	TITLE		Ď	,	^ .	☐ Change	Addition
NAME	ROSS, JOHN		NAME	ار	Joan	ne Tere	finka Dr.		
STREET ADDRESS	242 LONDONDERY DR.			ADDRESS -	יףרר:	3 Castle	Island Ur.		
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST		Saras	sota, FC	34940		
TITLE		☐ Delete	TITLE			-		Change	☐ Addition
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S1	T-ZIP					
12. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemp	otion stated	d in Sec	tion 119.07(3)(i), I	Florida Statutes. I fu	ther certify that the in	nformation

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:

ATOMATURE RECRUSES

4-1-03

CR2E037 (10/02)