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

FILED
Apr 10, 2003 8:00 am
Secretary of State
03-31-2003 90198 034 ****61.25

DOCUMENT # 712981

1. Entity Name
CULBREATH ISLES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
4131 GUNN HWY. TAMPA FL 33624	4131 GUNN HWY. TAMPA FL 33624

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1382856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GETZ, ALLEN LCAM GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA FL 33624	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ PRESIDENT HARBERT, CAROLYN 4908 LYFORD CAY ROAD TAMPA FL 33629	☑ Delete	PD Harbert, Carolyn 4908 Lyford Cay Road Tampa, FL 33629	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JACK, LIZ 4801 LYFORD CAY RD TAMPA FL 33629	☑ Delete	VP/Treas Stowell, David 4905 New Providence Tampa, FL 33629	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAUB, TED 4937 LYFORD CAY RD. TAMPA FL 33629	☑ Delete	S/D Harrison, Bill 4920 New Providence Road Tampa, FL 33629	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINEMAN, JOE 4927 NEW PROVIDENCE ROAD TAMPA FL 33629	☑ Delete	D Nelson, Ben 4923 St. Croix Tampa, FL 33629	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Treasurer, Director STOWELL, DAVID 4905 NEW PROVIDENCE TAMPA FL 33629	☑ Delete	D Chibani, Saade 4928 St Croix Tampa, FL 33629	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ Director NELSON, BEN 4923 ST CROIX DR TAMPA FL 33629	☑ Delete	D Anderson, Brian 4901 Lyford Cay Road Tampa, FL 33629	☐ Change ☑ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption st... 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] PRESIDENT 25 Feb 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #