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

DOCUMENT # 732878

1. Entity Name

TERRA TRANQUILA IMPROVEMENT ASSOCIATION, INC



Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90299 042 ****61.25

FILED

		WE TO			
Principal Place of Business P. O. BOX 27-2984 BOCA RATON FL 33429	Mailing Address P. O. BOX 27-2984 BOCA RATON FL 33429	<u> </u>			
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,,			
City & State	City & State	· · · · · · · · · · · · · · · · · · ·			

|--|--|

CHECK HERE IF MAKING CHANGES

City & State C		City & St	ity & State		4	4. FEI Number 59-1964019				Applied For	
Zip	Country	Zip		Country	5	. Certificate of St	atus Desired		8.75 Ad		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
	4.	<u> </u>		Name		. Name and Add	iess of New Ae	gistered Ag	ent		
LEWIS, I	FRANK		<u> </u>								
6812 CALLE DEL PAZ NORTH				Street A	Street Address (P.O. Box Number is Not Acceptable)						
	ATON FL 33433				-					_	
200,	*										
	ģ.			City				FL	Zip Cod	е	
8. The above	e named entity submits this statement	for the purpose of	changing its re	gistered office o	or registered :	agent, or both, in	the State of Flor		niliar with	and accept	
the obliga	ttions of registered agent.	1				_			,		
								11	_		
SIGNATURE	_ part pe	ws	·		****			1 / 31 / 0.	3		
	Signature, typed or printed name of registered age	int and title if applicable.	(NOTE: A	egistered Agent signat	iture required whe	n reinstating)	· /	DATE			
	FILE NOW: FEE IS \$61.25	9.	Election Campa	aign Financing	\$5	5.00 May Be	Mak	e Check I	avable	to	
			Trust Fund Contribution.		☐ Ād	ded to Fees	Florida	Florida Department of State			
40											
10.	OFFICERS AND D			11.	ADD	ITIONS/CHANGE	S TO OFFICER	S AND DIRE	CTORS IN	10	
TITLE	D.	Ε.] Delete	TITLE					Change	☐ Addition	
NAME	WESTERGERG, MELLIE			NAME							
STREET ADDRESS	6944 CALLE DEL PAZ WEST			STREET ADDRESS	İ						
CITY-ST-ZIP	BOCA RATON FL 33433		-	CITY-ST-ZIP							
TITLE	D		Delete	TITLE					Change	Addition	
NAME	STARK, JACOB			NAME							
STREET ADDRESS	6800 CALLE DEL PAZ WEST			STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP							
TITLE	V		Delete	TITLE					Change	Addition	
NAME	CARTONA, JOHN			NAME					_ Change	L AUGILION	
STREET ADDRESS	6915 CALLE DEL PAZ N			STREET ADDRESS	<u> </u>						
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP	1						
TITLE	D		Delete	TITLE		·			7.05	D Address	
NAME	PATTERSON, HELEN	_	Delete	NAME				L] Change	☐ Addition	
STREET ADDRESS	6837 CALLE DEL PAZ SOUTH			STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP							
TITLE	D	,	D.Jt		Doce	(A.C.)					
NAME	PLOSKI, EDWARD	_	Delete	TITLE	PRES	DENT		×	Change	☐ Addition .	
STREET ADDRESS	6928 CALLE DEL PAZ S			NAME CTREET ADDRESS						1	
CITY-ST-ZIP	BOCA RATON FL 33433			STREET ADDRESS CITY-ST-ZIP							
TITLE	TD								_		
NAME	LEWIS, FRANK		Delete	TITLE] Change	☐ Addition {	
STREET ADDRESS	6812 CALLE DEL PAZ N			NAME						1	
CITY-ST-ZIP				STREET ADDRESS							
	BOCA RATON FL			CITY-ST-ZIP							
 I nereby c indicated 	ertify that the information supplied wit	h this filing does no	ot qualify for the	exemption state	ed in Section	119.07(3)(i), Flor	ida Statutes. I fu	rther certify	that the in	formation	

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: FRANKNICEWISE REPLONKEREUS