

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90053 015 *****61.25

DOCUMENT # 738584

1. Entity Name

TRI CITY APARTMENT ASSOCIATION, INC.



Principal Place of Business

~~4509 GEORGE RD.~~ **4107 B MEMORIAL HWY**
~~TAMPA FL 33634~~ **TAMPA FL 33615**
~~US~~ **US**

Mailing Address

~~4509 GEORGE RD.~~ **4107 B MEMORIAL HWY**
~~TAMPA FL 33634~~ **TAMPA FL 33615**
~~US~~ **US**

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 **59-2404481**

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

~~FERM, CECILY L~~
~~4509 GEORGE RD.~~
~~TAMPA FL 33634~~

CHANGE
4107 B MEMORIAL HWY
TAMPA FL 33615

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/03

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	PPD	<input type="checkbox"/> Delete
NAME	LIBBY DEVENNY	
STREET ADDRESS	4012 14TH AVE. E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHEFFSKY, SHAWN	
STREET ADDRESS	5124 VIVIAN PLACE	
CITY-ST-ZIP	TAMPA FL 33619-5344	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, CATHY	
STREET ADDRESS	3516 CORONADO DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	708 - 2ND AVE. EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE HANNON	
STREET ADDRESS	5800 LYNN LAKE DR.	
CITY-ST-ZIP	ST. PETE FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

REQUIRED

3/18/03 727-866-2461

CR2E037 (10/02)