

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746882

1. Entity Name

TANNAHILL HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

1833 N.W. 102ND WAY
GAINESVILLE FL 32606

Mailing Address

1833 N.W. 102ND WAY
GAINESVILLE FL 32606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3005311

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUEGER, SCOTT D
1833 N.W. 102ND WAY
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 D ☐ Delete
NAME MELLUM, GRETCHEN
STREET ADDRESS 1923 N.W. 102ND WAY
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE TD ☐ Delete
NAME KRUEGER, SCOTT
STREET ADDRESS 1833 N.W. 102ND WAY
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ Delete
NAME VYVERBERG, FRED
STREET ADDRESS 2277 N.W. 16TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☒ Delete
NAME NIEBUHR, DARLENE
STREET ADDRESS 2023 NW 102 WAY
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DP ☐ Delete
NAME GORDON, WILMA
STREET ADDRESS 2123 NW 102ND WAY
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ Delete
NAME MOXLEY, CAREY
STREET ADDRESS 2134 NW 102ND WAY
CITY-ST-ZIP GAINESVILLE FL 32606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Brian Prindle
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)