

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90334 031 ****61.25

DOCUMENT # 748671

1. Entity Name

TROPIC VILLAS NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1170 SIXTH AVE
 VERO BCH FL 32960**

**1170 SIXTH AVE
 VERO BCH FL 32960**

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

59-1971217

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

**LANKFORD, BARBARA
 1170 6TH AVENUE #3A
 VERO BCH FL 32960**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☐ Delete
 NAME: **MERGENS, THOMAS**
 STREET ADDRESS: **1170 6TH AVE #5D**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **VP** ☒ Change ☐ Addition
 NAME: **Meredith Greene**
 STREET ADDRESS: **1170 6th Ave #10D Vero Beach FL 32960**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **DST** ☒ Delete
 NAME: **CALHOUN, ROBERT**
 STREET ADDRESS: **1170 6TH AVE #17D**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **T** ☐ Change ☒ Addition
 NAME: **Meredith Greene**
 STREET ADDRESS: **1170 6th Ave #10D Vero Beach FL 32960**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **D** ☒ Delete
 NAME: **CALVETTI, JAN**
 STREET ADDRESS: **1170 6TH AVE #14C**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **D** ☐ Change ☒ Addition
 NAME: **Lorraine Maxfield**
 STREET ADDRESS: **1170 6th Ave # 5A Vero Beach FL 32960**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **VD** ☒ Delete
 NAME: **APPEL, RICK**
 STREET ADDRESS: **1170 6TH AVE #24D**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **D** ☐ Change ☒ Addition
 NAME: **Rita Sprague**
 STREET ADDRESS: **1170 6th Ave # 10D Vero Beach FL 32960**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

TITLE: **DS** ☐ Delete
 NAME: **KAY, JEAN**
 STREET ADDRESS: **1170 6TH AVE 20-B**
 CITY-ST-ZIP: **VERO BCH. FL 32960**

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

TITLE: **PD** ☐ Delete
 NAME: **LANDRY, LEO**
 STREET ADDRESS: **1170 6TH AVENUE #3B**
 CITY-ST-ZIP: **VERO BEACH FL**

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)(l), 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:

Leo Landry

2-27-02

561-770-0505

CR2E037 (9/01)