

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State

09-16-2002 90099 009 ****61.25

DOCUMENT # 748896

1. Entity Name

TROPIC SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14251 GULF BLVD.
 MADEIRA BCH. FL 33708

14251 GULF BLVD.
 MADEIRA BCH. FL 33708

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

59-2063803

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

Name

Rocky CLEVENGER

Street Address (P.O. Box Number is Not Acceptable)

18840 GULF BLVD #3

City

INDIAN SHORES

FL

Zip Code

33785

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

9-8-02

After September 13, 2002,
 min. will be \$236.25.

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	PD	<input type="checkbox"/> Delete
NAME	BOOTH, MARK	
STREET ADDRESS	189 NUTBEAM RD	
CITY-ST-ZIP	EASTLEIGH HANTS, ENGLAND EN 505-05JD	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	MAHINKE, JEFFREY	
STREET ADDRESS	7280 60TH AVE NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	KILLINGBECK, CRAIG	
STREET ADDRESS	56 BLOOMSGROVE AVE	
CITY-ST-ZIP	FORT HOPE, ONTARIO, CANADA CN L1-A14	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Kenneth J Bishop	
STREET ADDRESS	1620 21st N	
CITY-ST-ZIP	ST PETERS FL 33713	
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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: **Kenneth J Bishop** 9/1/02 727 894 7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #