

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764508

1. Entity Name

TIBERON HOMEOWNERS' ASSOCIATION INCORPORATED

Principal Place of Business

1101 HYDE CT  
LONGWOOD FL 32750  
US

Mailing Address

P.O. BOX 520662  
LONGWOOD FL 32752  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HUGHES, PAMELA B  
1031 MARIN DR  
LONGWOOD FL 32750

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 PD  
NAME WILSON, LEROY  
STREET ADDRESS 1001 ALAMEDA DR  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE VPD  
NAME HUGHES, PAMELA B  
STREET ADDRESS 1031 MARIN DR  
CITY-ST-ZIP LONGWOOD FL ☒ Delete

TITLE TD  
NAME CAVANAUGH, RAE  
STREET ADDRESS 1101 HYDE CT.  
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE S  
NAME HUGHES, AMANDA M  
STREET ADDRESS 1031 MARIN DRIVE  
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD  
NAME Patrick Stark  
STREET ADDRESS 1110 Sonoma Ct  
CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

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

TITLE S  
NAME Judy Soldinger  
STREET ADDRESS 900 Brennan Place  
CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

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

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

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:

RAE CAVANAUGH

Rae Cavanaugh

1-26-02 407-332-8525

FILED  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90124 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/01)