

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90128 017 ****61.25

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

4. FEI Number **NOT APPLICABLE**

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

**HUGHES, PAMELA B
1031 MARIN DR
LONGWOOD FL 32750**

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

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

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

TITLE **VPD** ☒ Delete
NAME **STARK, PATRICK**
STREET ADDRESS **1110 SONOMA CT**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **VPD** ☒ Change ☒ Addition
NAME **NORDEN, Lashawn**
STREET ADDRESS **921 Alameda Dr.**
CITY-ST-ZIP **Longwood, FL 32750**

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

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

TITLE **S** ☒ Delete
NAME **SOLDINGER, JUDY**
STREET ADDRESS **900 BRENNAM PLACE**
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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** **1-26-03 407-332-8525**

CR2E037 (10/02)