

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90059 015 \*\*\*150.00

**DOCUMENT # G82545**

1. Entity Name

**LA PLAZA RESIDENTS' ASSOCIATION, INCORPORATED**

Principal Place of Business

**6700 150TH AVENUE NORTH  
CLEARWATER FL 33764  
US**

Mailing Address

**6700 150TH AVE N  
LOT 361  
CLEARWATER FL 33764  
US**

2. Principal Place of Business

3. Mailing Address

**6700 - 150TH AVE. N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LOT 361**

City & State

City & State

**CLEARWATER FL.**

Zip

Country

Zip

Country

**33764**

**U.S.A.**

4. FEI Number

**59-2407621**

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

**FORD, EDWIN I.  
2307 WEST BAY DRIVE  
LARGO FL 33540**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOODWIN, JERRY</b> <b>6700 150 AVE N, LOT 960</b> <b>CLEARWATER FL 33764</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STANTON, SHARON</b> <b>6700 150 AVE N, LOT 412</b> <b>CLEARWATER FL 33764</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRAY, HELEN</b> <b>6700 150 AVE N LOT 706</b> <b>CLEARWATER FL 33764</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAWYER, GENE</b> <b>6700 150 AVE N LOT 361</b> <b>CLEARWATER FL 33764</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PRINCE, LOUISE</b> <b>6700 150 AVE N, LOT 240</b> <b>CLEARWATER FL 33764</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORD, PATRICIA</b> <b>6700 150 AVE N LOT 944</b> <b>CLEARWATER FL 33764</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOUISE PRINCE</b> <b>6700-150TH AVE N. LOT 240</b> <b>CLEARWATER, FL. 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>GENE, SAWYER</b> <b>6700-150TH AVE N. LOT 361</b> <b>CLEARWATER, FL. 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>STEVE MACQUADE</b> <b>6700-150TH AVE N. LOT 904</b> <b>CLEARWATER, FL. 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>GERT DOBSCHUETZ</b> <b>6700-150TH AVE. N LOT 981</b> <b>CLEARWATER, FL.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBARA MOLLOY</b> <b>6700-150TH AVE N. LOT 976</b> <b>CLEARWATER, FL. 33764</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>DOYCE HAYTH</b> <b>6700-150TH AVE N. LOT 522</b> <b>CLEARWATER, FL. 33764</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE: GENE SAWYER** 1-16-02 (727) 538-0232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)