2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am Secretary of State DOCUMENT #-N00000003206-1. Entity Name N00000002206 05-22-2001 90065 027 ****61.25 TIERRA DEL MAR HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address !575-1595 Pinellas c/o Quality Mgmt Serv Bayway P.O. BOX 66245 00056674 Tierra Verde, Fl 33715 St. Pete Bch, Fl 33736 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable <u>59-3637788</u> Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ~7. Name and Address of New Registered Agent Howard Fletcher KENNETH G. ARSENAULT Street Address (P.O. Box Number is Not Acceptable) 1591 Pinellas Bayway Zip Code 33715 Tierra Verde 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 4-24-01 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to. \$5.00 May Be Trust Fund Contribution. ____ Added to Fees-FEE-IS-\$61:25 Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (11/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FLETCHER, HOWARD STREET ADDRESS STREET ADDRESS 1591 Pinellas Bayway CITY-ŞT-ZIP CITY-ST-7IP TIERRA VERDE, FL 33715 ☐ Change Addition TITLE ☐ Delete TITLE DV NAME NAME JOHNSON, CRAIG STREET ADDRESS STREET ADDRESS 1583 Pinellas Bayway CITY-ST-ZIP-CITY-ST-ZIP TIERRA VERDE, FL 33715 TITLE DS ☐ Delete TITLE Change ■ Addition NAME GRIFFITHS, BILL STREET ADDRESS STREET ADDRESS 1595 Pinellas Bayway CITY-ST-ZIP CITY-ST-ZIP <u>TIERRA VERDE, FL 33715</u> TITLE ☐ Delete ☐ Change ☐ Addition STENBERG, ARNOLD NAME STREET ADDRESS STREET ADDRESS 1593 Pinellas Bayway CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE, FL 33715 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 ortrustee employees the 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition