

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90165 005 ****61.25

DOCUMENT # N00000002206

1. Entity Name

TIERRA DEL MAR ASSOCIATION, INC.

Principal Place of Business

**1575-1595 PINELLAS BAYWAY
 TIERRA VERDE FL 33715**

Mailing Address

**C/O QUALITY MGMT SERV
 PO BOX 66245
 ST. PETE BCH FL 33736**

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

59-3637788

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

**FLETCHER, HOWARD
 1591 PINELLAS PARKWAY
 TIERRA VERDE FL 33715**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | FLETCHER, HOWARD | |
| STREET ADDRESS | 1591 PINELLAS PARKWAY | |
| CITY-ST-ZIP | TIERRA VERDE FL 33715 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | GRIFFITHS, BILL | |
| STREET ADDRESS | 1595 PINELLAS BAYWAY | |
| CITY-ST-ZIP | TIERRA VERDE FL 33715 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, CRAIG | |
| STREET ADDRESS | 1583 PINELLAS BAYWAY | |
| CITY-ST-ZIP | TIERRA VERDE FL 33715 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | STENBERG, ARNOLD | |
| STREET ADDRESS | 1593 PINELLAS BAYWAY | |
| CITY-ST-ZIP | TIERRA VERDE FL 33715 | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Howard Fletcher 3/10/02 727-367-5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)