

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

0014406

DOCUMENT # **N01000006622**

1. Entity Name

PINE ISLAND TROPICAL HOMESITES TROPICAL POINT CANAL AND BOAT RAMP ASSOCIATION, INC.



FILED

03 OCT 15 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5495 B PINE ISLAND RD
BOKEELIA FL 33922**

Mailing Address

**5495 B PINE ISLAND RD
BOKEELIA FL 33922**

2. Principal Place of Business

3437 Tangerine DR
Suite, Apt. #, etc.

3. Mailing Address

3437 Tangerine DR
Suite, Apt. #, etc.



REINSTATE HERE IF MAKING CHANGES

City & State

St. James City, FL

City & State

St. James City, FL

4. FEI Number

Applied For

Not Applicable

Zip

33956

Country

USA

Zip

33956

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PENOYER, ROSALIE

**5495 B PINE ISLAND RD
BOKEELIA FL 33922**

**3437 Tangerine DR
St. James City, FL
33956**

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

3437 Tangerine DR

City

St. James City

FL

Zip Code

33956

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

Rosalie Penoyer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/1/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

TITLE **D** ☐ Delete
NAME **PENOYER, ROSALIE**
STREET ADDRESS **3437 TANGERINE DR.**
CITY-ST-ZIP **ST. JAMES CITY FL 33956**

TITLE **D** ☐ Delete
NAME **PAPESH, MISTY R**
STREET ADDRESS **3436 TANGERINE DR.**
CITY-ST-ZIP **ST. JAMES CITY FL 33956**

TITLE **D** ☐ Delete
NAME **WAGGLE, JOHAN G**
STREET ADDRESS **3836 TROPICAL POINT DR.**
CITY-ST-ZIP **ST. JAMES CITY FL 33956**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**800023821278
10/15/03--01060--018 **236.25**

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

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

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

TITLE ☐ Change ☐ 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)(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:

Rosalie Penoyer

10/1/03 239-283-4585

CR2E037 (4/03)