

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

01-23-2003 90083 004 ****61.25

DOCUMENT # N01000006781

1. Entity Name

SOUTHERN RIDGE HOMEOWNERS ASSOCIATION PINELLAS, INC.



Principal Place of Business
**14202 62ND STREET NORTH
CLEARWATER FL 33760**

Mailing Address
**14202 62ND STREET NORTH
CLEARWATER FL 33760**

2. Principal Place of Business

1834 MELANIE WAY

3. Mailing Address

1834 MELANIE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALEMBURG FL

City & State

PALEMBURG FL

Zip

34683

Country

PINELLAS

Zip

34683

Country

PINELLAS

4. FEI Number

260060068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PHILLIPS, PHIL
1834 MELANIE WAY
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BUNBURY, BRIAN	
STREET ADDRESS	14202 62ND STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, PHIL	
STREET ADDRESS	14202 62ND STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUNBURY, MIKE	
STREET ADDRESS	14202 62ND STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33760	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID J CILIBERTI	
STREET ADDRESS	P.O. Box 1974	
CITY-ST-ZIP	Palm Harbor, Florida 34682	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH PETERSON	
STREET ADDRESS	P.O. Box 1974	
CITY-ST-ZIP	Palm Harbor, Florida 34682	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula McKee	
STREET ADDRESS	P.O. Box 1974	
CITY-ST-ZIP	Palm Harbor, Florida 34682	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

Date

Daytime Phone #

727-728-8602

CR2E037 (10/02)