

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

9/2/2003-90187-025-\$61.25-\$61.25

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DOCUMENT # N02000000342

1. Entity Name
FLORIDA TRADITIONS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**465 HARRISON AVE.
PANAMA CITY FL 32401**

Mailing Address
**465 HARRISON AVE.
PANAMA CITY FL 32401**



FILED

04 MAR 18 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4015 Pipeline Rd

3. Mailing Address
P.O. Box 1427

Suite, Apt. #, etc.

City & State
Panama City FL

City & State
LYNN HAVEN FL

Zip
32404

Country
US

Zip
32444

Country
US

4. FEI Number
56-2442502

Applied For
☒ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PRICE, RICHARD ALLAN
465 HARRISON AVE.
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent
Name
Thomas H. Lumley
Street Address (P.O. Box Number is Not Acceptable)
4015 Pipeline Road
City
Panama City FL Zip Code
32404

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
Thomas H. Lumley

DATE
8-29-03

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE THOMAS H. LUMLEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS H. LUMLEY		NAME THOMAS H. LUMLEY	
STREET ADDRESS P.O. BOX 1427		STREET ADDRESS P.O. BOX 1427	
CITY-ST-ZIP LYNN HAVEN, FL 32444		CITY-ST-ZIP LYNN HAVEN, FL 32444	
TITLE SECRETARY	<input type="checkbox"/> Delete	TITLE GINGER M. LUMLEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GINGER M. LUMLEY		NAME GINGER M. LUMLEY	
STREET ADDRESS P.O. BOX 1427		STREET ADDRESS P.O. BOX 1427	
CITY-ST-ZIP LYNN HAVEN, FL 32444		CITY-ST-ZIP LYNN HAVEN, FL 32444	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(1), 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 REQUIRED**

DATE: **8-29-03**

DAYTIME PHONE: **850-769-9033**

CR2E037 (4/03)

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Division of Corporations
P. O. Box 1500
Tallahassee, Fl. 32302

Date: March 17, 2004

Re: Reinstatement of Florida Traditions Homeowners' Association, Inc.

Document Number: N02000000342

From: Thomas H. Lumley
President of the Association

Dear Sir or Madam:

Your records indicate that this corporation has been dissolved due to the lack of filing of the annual report/uniform business report and the fee of \$61.25.

This information needs to be corrected and the corporation reinstated without fee for the following reasons.

The form was filed on August 29, 2003 and the fee was paid. Your office acknowledged the payment via phone call on March 15, 2004. The filing form was rejected with a letter saying that the officers' information needed to be completed. The form was completed and mailed to you on November 06, 2003. According to the lady I spoke with on March 15, 2004, your office did not receive the form. The form was definitely completed and returned as stated according to my dated records.

As per the instructions to me by your department, I am resubmitting the form to you and also including a check for 2004 in the amount of \$61.25 (you have received the money for 2003). Also I am requesting that you waive the reinstatement fee.

Please note the addition of the FEI number and the agent change. Thank you for your consideration and response.

Sincerely,


Thomas H. Lumley,

President, Florida Traditions Homeowners' Association, Inc.