

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90073 025 ****61.25

DOCUMENT # N02000002794

1. Entity Name

TWIN VILLAS ON ST. PETE BEACH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**265 EIGHT AVENUE NORTH
TIERRA VERDE FL 33715**

Mailing Address

**265 EIGHT AVENUE NORTH
TIERRA VERDE FL 33715**

2. Principal Place of Business

110 - 50th Avenue

3. Mailing Address

110 - 50th Avenue

Suite, Apt. #, etc.

Unit #1

Suite, Apt. #, etc.

Unit #1

City & State

St. Pete Beach, FL

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

Zip

33706

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MATTA, HANI F

**265 EIGHT AVENUE NORTH
TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent

Name **Randall B. Coleman**

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

110 - 50th Avenue, Unit #1

City

St. Pete Beach, FL

FL

Zip Code

33706

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]
Signature typed or printed name of resigning agent and title (if applicable)

Hani F. Matta, Resigning Registered Agent

(NOTE: Registered Agent signature required for reinstating)

[Signature]
Signature typed or printed name of new agent and title (if applicable)

Randall B. Coleman, New Registered Agent

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 **D** ☒ Delete
NAME **MATTA, HANI F**
STREET ADDRESS **265 EIGHT AVENUE NORTH**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **D** ☒ Delete
NAME **MATTA, CARMEN**
STREET ADDRESS **265 EIGHT AVENUE NORTH**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **D** ☒ Delete
NAME **EKLHOULY, MAMDOUH R**
STREET ADDRESS **7812 FIRST AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

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 **P/D** ☒ Change ☐ Addition
NAME **Randall B. Coleman**
STREET ADDRESS **110 - 50th Avenue, Unit #1**
CITY-ST-ZIP **St. Pete Beach, FL 33706**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **Gamal Z. Zakhary**
STREET ADDRESS **110 - 50th Avenue, Unit #1**
CITY-ST-ZIP **St. Pete Beach, FL 33706**

TITLE **S/T/D** ☒ Change ☐ Addition
NAME **Michelle G. Coleman**
STREET ADDRESS **110 - 50th Avenue, Unit #1**
CITY-ST-ZIP **St. Pete Beach, FL 33706**

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:

[Signature]
Randall B. Coleman

(727) 363-7868

CR2E037 (10/02)