

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02693

1. Entity Name

TARPONAIRE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

38791 US HWY 19N LOT 812  
TARPON SPRINGS FL 34689-9463

Mailing Address

38791 US HWY 19N LOT 812  
TARPON SPRINGS FL 34689-9463

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

59-2397142

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

VERRELL, RODGER

38791 US HWY 19N LOT 812  
TARPON SPRINGS FL 34689

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

*Roger C. Verrell*

4-30-02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>VERRELL, RODGER<br>38791 US HWY 19N LOT 824<br>TARPON SPRINGS FL 34689    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FITZGERALD, WILLIAM<br>38791 US HWY 19 N #702<br>TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>IREY, MARILYN<br>38791 US HWY 19N LOT 812<br>TARPON SPRINGS FL 34689      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SEITZ, D<br>38791 US HWY 19N LOT 809<br>TARPON SPRINGS FL 34689           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAVIES, DAVE<br>38791 US HWY 19N LOT 901<br>TARPON SPRINGS FL 34689       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SEITZ, J<br>38791 US HWY 19N<br>TARPON SPRINGS FL 34689                   | <input type="checkbox"/> Delete |

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*DOLORES SEITZ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90387 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment # N02693

D

NASH RICHARD

38791 US19N Lot 938

TARPON SPRINGS FI 34689

D

Reed THOMAS.

38791 US19N Lot 919

TARPON SPRINGS FI 34689

D

Keil, Roy

38791 US19N Lot 506

TARPON SPRINGS FI 34689