

# 200 . UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90307 020 \*\*\*\*61.25

**DOCUMENT # N02729**

1. Entity Name

**TROPICAL SHORES NEIGHBORHOOD ASSOCIATION, INCORP**

Principal Place of Business

Mailing Address

**2343 WEST BAY ISLE DRIVE S.E.  
 ST. PETERSBURG FL 33705  
 US**

**2343 WEST BAY ISLE DRIVE S.E.  
 ST. PETERSBURG FL 33705  
 US**

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

**59-2396031**

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

**WOLFE, LESTER L  
 414 22ND AVENUE S.E.  
 ST. PETERSBURG FL 33705**

Name

**WOLFE (PLEASE CORRECT SPELLING)**

Street Address (P.O. Box Numbers 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

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	P	AGEE, WAYNE	<input type="checkbox"/> Delete
NAME		2343 WEST BAY ISLE DRIVE S.E.	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	VP	FIELDING, RENEE	<input type="checkbox"/> Delete
NAME		2440 EAST BAY ISLE DRIVE S.E.	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	T	WOLFF, LESTER	<input type="checkbox"/> Delete
NAME		414 22ND AVE SE	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	D	TRIPLETT, DIRSTEN	<input checked="" type="checkbox"/> Delete
NAME		2560 SOUTH SHORE DRIVE	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	D	CLARK, JIM	<input type="checkbox"/> Delete
NAME		2240 E BAY IGLE DR	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	S	LOGAN, KRIS	<input checked="" type="checkbox"/> Delete
NAME		2530 TROPICAL SHORES DRIVE S.E.	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			

TITLE	"D"	VALZ, JOE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2623 WEST BAY ISLE DR SE.	
STREET ADDRESS		ST. PETERSBURG FL 33705	
CITY-ST-ZIP			
TITLE	"D"	DORSEY, BOB	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5711 23RD AVE SE	
STREET ADDRESS		ST. PETERSBURG FL 33705	
CITY-ST-ZIP			
TITLE	"D"	CRAIG, GORDON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2309 TROPICAL SHORES DRIVE	
STREET ADDRESS		ST. PETERSBURG FL 33705	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**127-658  
 7945**

Daytime Phone #

CR2E037 (10/00)