2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90308 022 ****61.25

DOCUMENT # N07835

1. Entity Name
TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION

A0062179

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O C. HATHAWAY 350 2ND AVE LAKE PLACID FL 33852	C/O C. HATHAWAY 350 2ND AVE LAKE PLACID FL 33852

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 59-2522188 ☐ 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

Name CAROLE HATHAWAY
Street Address (P.O. Box Number is Not Acceptable) 350 2ND AVENUE
City LAKE PLACID **FL** Zip Code 33852

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 Carole Hathaway CAROLE HATHAWAY, TREASURER 4-16-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLOUSTON, ROBERT	☑ Delete	P WILLIAM MIDGLEY 57 4TH ST. LAKE PLACID, FL 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOUSEY, WILLIAM	☒ Delete	VP JAMES QUARTIER 246 1ST AVE LAKE PLACID, FL 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'BRYAN, THOMAS	☒ Delete	S SYLVIA FITCH 345 4TH AVE LAKE PLACID, FL 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRINKLEY, BUNNY	☒ Delete	T CAROLE HATHAWAY 350 2ND AVE LAKE PLACID, FL 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENRICK, MAREE	☒ Delete	D JOHN FITCH 345 4TH AVE LAKE PLACID, FL 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATHAWAY, CAROLE	☒ Delete	D MAREE VENRICK 84 3RD ST LAKE PLACID, FL 33852	☒ Change ☐ Addition

CR2E037 (11/00)

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: Carole Hathaway CAROLE HATHAWAY 4-16-01 863-465-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #