2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90068 047 ****61.25

DOCUMENT # N07835

1. Entity Name

TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, I NC.

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

DO NOT WRITE IN THIS SPACE

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
HATHAWAY, CAROLE 350 2ND AVE LAKE PLACID FL 33852	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 _____
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	P MIDGLEY, WILLIAM 87 4TH ST. LAKE PLACID FL 33852	☐ Delete	D D. GENE JOHNSON 239 6TH ST. LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP QUARTIER, JAMES 246 1ST AVE LAKE PLACID FL 33852	☐ Delete	D SHIRLEY LANDON 270 1ST AVENUE LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FITCH, SYLVIA 345 4TH AVE LAKE PLACID FL 33852	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HATHAWAY, CAROLE 320- 2ND AVE LAKE PLACID FL 33852	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITCH, JOHN 345 4TH AVE LAKE PLACID FL 33852	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENRICK, MARGE 84 3RD ST. LAKE PLACID FL 33852	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 CAROLE A. HATHAWAY 1-17-2002 863-465-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #