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

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90502 038 ****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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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	VP ED FISHER 113 5TH STREET LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP QUARTIER, JAMES 246 1ST AVE LAKE PLACID FL 33852	☒ Delete	S JOE SHANNON 63 2ND STREET LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FITCH, SYLVIA 345 4TH AVE LAKE PLACID FL 33852	☒ Delete	D ROBERT VERBANC 26 RICKERT DR LAKE PLACID, FL 33852	☐ 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 JOHNSON, D GENE 239 6TH STREET LAKE PLACID FL 33852	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 3-1-03 863-465-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date