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

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90051 009 ****61.25

DOCUMENT # N15020

1. Entity Name

TREASURE COAST AIRPARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12354 CESSNA TERRACE PORT ST LUCIE FL 34987 US	12354 CESSNA TERRACE PORT ST LUCIE FL 34987 US

900008260

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0118302 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERMANJ, ROB
12354 CESSNA TERRACE
PORT ST LUCIE FL 34987

7. Name and Address of New Registered Agent

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 _____ 1/11/03
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	DP KERMANJ, ROB 12350 GOLDEN EAGLE PORT ST LUCIE FL 34987	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(PD) RANDALL OPAT PORT ST LUCIE FL 34987	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KERR, BERNIE 12450 GRUMMAN WAY PORT ST LUCIE FL 34987	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(VPD) MONICA L ELLIOTT 15363 SKY KING DRIVE PORT ST LUCIE FL 34987	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOYCE, DEBIE 12374 GRUMMAN WAY PORT ST LUCIE FL 34987	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(SD) ROBERT K RIMBOLD 15382 NAVION DRIVE PORT ST LUCIE FL 34987	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 1/8/03 561-379-3971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #