2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90731 016 ****61.25

DOCUMENT # N19065

1. Entity Name

TWIN BRANCH ACRES PROPERTY OWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
P.O. BOX 1671 OLDSMAR FL 34677	P.O. BOX 1671 OLDSMAR FL 34677

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 59-2876254 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAUCK, PAUL
12802 HORSESHOE RD
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name: Claudia McLeod
Street Address (P.O. Box Number is Not Acceptable): 10903 Bridle Place
City: Tampa **FL** Zip Code: 33626

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: Claudia Mitchell-McLeod 5/6/02
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	PD BRITT, JERRY 12516 RAWHIDE DR TAMPA FL 33626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Claudia McLeod P.O. Box 1671 Oldsmar FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUSEK, JEFF 12503 MAVERICK CT TAMPA FL 33626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dick Kluis P.O. Box 1671 Oldsmar FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, DAVID 9901 SADDLE RD TAMPA FL 33626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD David Johnson P.O Box 1671 Oldsmar FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KLUIS, KIM 12540 BRANCO DR TAMPA FL 33626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Nina White P.O. Box 1671 Oldsmar FL 34677	☐ 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 (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 5/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #