

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90099 045 \*\*\*\*61.25

**DOCUMENT # N30895**

1. Entity Name

**TANGERINE MOBILE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

1616 21ST STREET SOUTH  
 LOT315  
 SAINT PETERSBURG FL 33712-2773  
 US

Mailing Address

1616 21ST STREET SOUTH  
 LOT315  
 SAINT PETERSBURG FL 33712-2773  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TANKEL, ROBERT L.**  
**1150 CLEVELAND STREET**  
**SUITE 420**  
**CLEARWATER FL 34615-6933**

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

**After September 13, 2002,**  
**min. will be \$236.25.**

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	P	<input checked="" type="checkbox"/> Delete
NAME	COVINGTON, MARGARET L	
STREET ADDRESS	1616 21ST S LT 322	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CULP, DOUGLAS	
STREET ADDRESS	1616 21ST LT 317	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	S	<input type="checkbox"/> Delete
NAME	YURCION, LINDA	
STREET ADDRESS	1616 21ST S LT 315	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	T	<input type="checkbox"/> Delete
NAME	SLEATH, EILEEN	
STREET ADDRESS	1616 21ST S LT 217	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPARKS, DOUGLAS	
STREET ADDRESS	1616 21ST S LT 229	
CITY-ST-ZIP	ST. PETERSBURGH FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHORNEY, MICHAEL	
STREET ADDRESS	1616 21ST S LT 319	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON CHARETTE	
STREET ADDRESS	1616 21ST S. Lot 210	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33712	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA CHORNEY	
STREET ADDRESS	1616 21ST S. Lot 319	
CITY-ST-ZIP	ST. Pate FL. 33712	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN STEELE	
STREET ADDRESS	1616 21ST S. Lot 212 1/2	
CITY-ST-ZIP	St. Pete, FL. 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*STEPHEN STEELE* **STEPHEN STEELE** 09-07-02 (727) 823-7937

CR2E037 (4/02)