

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90085 046 ****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.

Lot 208

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**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

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 **P** ☐ Delete
NAME **CHARETTE, RON**
STREET ADDRESS **1616 21ST S LOT 210**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **VP** ☐ Change ☒ Addition
NAME **Ron Jackson**
STREET ADDRESS **1616 21st St S Lot 304**
CITY-ST-ZIP **St Petersburg FL 33712**

TITLE **X** ☒ Delete
NAME **CHORNEY, NORMA**
STREET ADDRESS **1616 21ST S LOT 319**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **SALLY OTTO**
STREET ADDRESS **1616 21st St S Lot 208**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **S** ☒ Delete
NAME **YURCION, LINDA**
STREET ADDRESS **1616 21ST S LT 315**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Terry Meredith**
STREET ADDRESS **1616 21st St S Lot 131**
CITY-ST-ZIP **St Petersburg FL 33712**

TITLE **T** ☐ Delete
NAME **SLEATH, EILEEN**
STREET ADDRESS **1616 21ST S LT 217**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ Change ☒ Addition
NAME **Alfreda Pugh**
STREET ADDRESS **1616 21st St S Lot 110**
CITY-ST-ZIP **ST Petersburg FL 33712**

TITLE **D** ☒ Delete
NAME **SPARKS, DOUGLAS**
STREET ADDRESS **1616 21ST S LT 229**
CITY-ST-ZIP **ST. PETERSBURGH FL 33712**

TITLE **D** ☐ Change ☒ Addition
NAME **Ed Banister**
STREET ADDRESS **1616 21st St S Lot 308**
CITY-ST-ZIP **ST Petersburg FL 33712**

TITLE **T** ☒ Delete
NAME **STEELE, STEPHEN**
STREET ADDRESS **1616 21ST S LOT 21242**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **D** ☐ Change ☒ Addition
NAME **Doris Bell**
STREET ADDRESS **1616 21st St S Lot 209**
CITY-ST-ZIP **St Petersburg FL 33712**

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:

SALLY OTTO

1-13-03

727 8250667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)