FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 19, 2002 8:00 am Secretary of State **DOCUMENT # N30953** 02-19-2002 90075 015 ****61.25 TAMPA PALMS UNIT 4B OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 7001*TEMPLE TERRACE HWY 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 **TEMPLE TERRACE FL 33637** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2939180 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEZER, STEVEN H 1212 COURT ST. SUITE B Zip Code **CLEARWATER FL 34616** FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (9/01) VP/D ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME EDWARD, WILLIAM STREET ADDRESS STREET ADDRESS 15841 SANCTUARY DRIVE CITY-ST-ZIP CITY-ST-ZIP <u> Tampa FL 33647</u> Change ☐ Addition TITLE P/D ☐ Delete TITLS NAME WHITE, ROBERT NAME STREET ADDRESS STREET ADDRESS 15876 SANCTUARY DRIVE CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33647 TITLE Delete --TITLE __Change _ _ Addition NAME WILSON, MAGGIE F NAME STREET ADDRESS STREET ADDRESS 15808 SANCTUARY DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Delete TITLE, ☐ Change ☐ Addition NAME HENNE, JOHN STREET ADDRESS STREET ADDRESS 15807 SERENITY CIR. CITY-ST-ZIP CITY-ST-ZIP <u> Tampa FL 33647</u> ☐ Addition ☐ Delete HENRIETTA, MARTIN NAME STREET ADDRESS STREET ADDRESS 15840 SANCTUARY DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Addition TITI F ☐ Delete TITLE Change NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CUTATORETTE CONRECTOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02

813-977 - 3999

Davtime Phone #