

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37208

1. Entity Name

TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 906  
NEW SMYRNA BEACH FL 32170  
US

Mailing Address

P.O. BOX 906  
NEW SMYRNA BEACH FL 32170  
US

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

59-2999239

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

GAMBERT, WILLIAM N ESQ  
101 E. YELKCA TERR., SUITE B  
EDGEWATER FL 32132

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME POTTER, WILLIAM  
STREET ADDRESS 1347 WAYNE AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168  
☒ Delete

TITLE PD  
NAME CHRISTIANO, PETER  
STREET ADDRESS 1365 WAYNE AVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168  
☐ Change ☒ Addition

TITLE TD  
NAME HICKSON, JOHN  
STREET ADDRESS 673 MIDDLEBURY LOOP  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE VD  
NAME FRUTCHEY, ROSEMARIE  
STREET ADDRESS 631 MIDDLEBURY LOOP  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168  
☒ Delete

TITLE VD  
NAME RHODY, JOHN  
STREET ADDRESS 683 ROCHESTER COURT  
CITY-ST-ZIP NEW SMYRNA BEACH, FL #@!¢\*  
☐ Change ☒ Addition

TITLE VD  
NAME KEMP, EDWARD  
STREET ADDRESS 1366 WAYNE AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE SD  
NAME DUCKWORTH, ROBERT  
STREET ADDRESS 657 WELLESLEY COURT  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168  
☒ Delete

TITLE SD  
NAME MARY J. THOMAS  
STREET ADDRESS 1331 WAYNE AVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL #@!¢\*  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN HICKSON (386) 423-3640

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)