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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38125

1. Corporation Name

TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 964
HAVANA FL 32333
US

Mailing Address

P.O. BOX 964
HAVANA FL 32333
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/15/1990

4. FEI Number

59-2136699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BASS, WANETA
2016 TOBACCO ROAD
HAVANA FL 32333**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **HERRING, WILLIE**
STREET ADDRESS **2406 TAMPA NUGGET CT**
CITY-ST-ZIP **HAVANA FL**

TITLE VPD ☒ DELETE

NAME **WARD, STUARD**
STREET ADDRESS **2203 DUTCHMASTER DR**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE SD ☐ DELETE

NAME **RALICKI, ELIZABETH J**
STREET ADDRESS **2400 TAMPA NUGGET**
CITY-ST-ZIP **HAVANA FL**

TITLE CTD ☐ DELETE

NAME **BASS, WANETA**
STREET ADDRESS **2016 TOBACCO ROAD**
CITY-ST-ZIP **HAVANA FL**

TITLE CTD ☐ DELETE

NAME **STILLWELL, BETHALINN**
STREET ADDRESS **2018 TOBACCO ROAD**
CITY-ST-ZIP **HAVANA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *PP Jeanne Hull* ☒ Change ☒ Addition

1.2 NAME *2005 Tobacco Rd.*

1.3 STREET ADDRESS *Havana, FL, 32333*

1.4 CITY-ST-ZIP *32333* ☒ Change ☒ Addition

2.1 TITLE *VP* ☒ Change ☒ Addition

2.2 NAME *Man Joe Ward*

2.3 STREET ADDRESS *2203 Dutch Master Dr.*

2.4 CITY-ST-ZIP *Havana FL 32333* ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Waneta Bass

Date

Daytime Phone #

850-939-1668
1-28-99

CR2E037 (1/98)