


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

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90084 017 ****61.25

DOCUMENT # N38125

1. Entity 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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2136699** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BASS, WANETA
208 TOBACCO RD
HAVANA FL 32333

7. Name and Address of New Registered Agent

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 *Waneta L. Bass CDT* DATE *1-27-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HULL, JEANNE	
STREET ADDRESS	71 TOBACCO RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WARD, MARY JO	
STREET ADDRESS	51 DUTCH MASTER DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RALICKI, ELIZABETH J	
STREET ADDRESS	14 TAMPA NUGGET	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	BASS, WANETA	
STREET ADDRESS	208 TOBACCO RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	CTD	<input checked="" type="checkbox"/> Delete
NAME	STILLWELL, BETHALINN	
STREET ADDRESS	216 TOBACCO RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Eddie Smith</i>	
STREET ADDRESS	<i>9 Have a Tampa Dr.</i>	
CITY-ST-ZIP	<i>Havana Fl. 32333</i>	
TITLE	<i>SP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Al Balh</i>	
STREET ADDRESS	<i>267 Tobacco Ad.</i>	
CITY-ST-ZIP	<i>Havana, Fl. 32333</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>CPT Laurie Larrabee</i>	
STREET ADDRESS	<i>216 Tobacco Ad</i>	
CITY-ST-ZIP	<i>Havana Fl. 32333</i>	
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: **SIGNATURE REQUIRED** *Waneta Bass* 850-539-1668

CR2E037 (10/02)