

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90029 037 ****61.25

DOCUMENT # N38477

1. Entity Name

TROPICAL ISLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

252 TRAVIS CAY PL
 FORT PIERCE FL 34982
 US

Mailing Address

252 TRAVIS CAY PL
 FORT PIERCE FL 34982
 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

65-0091258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCGOUGH, SARAH
 491 THAMES BLUFF RIDGE
 FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

LINDA JURSZ

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

467 Pelican Shoal PI

City

FT. Pierce

FL

Zip Code

34982

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

Linda Jursz (Linda Jursz) Treasurer

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

(NOTE: Registered Agent signature required when reinstalling)

1/10/01

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

TITLE PD
 NAME CONCANNON, WILLIAM ☐ Delete
 STREET ADDRESS 528 THAMES BLUFF RIDGE
 CITY-ST-ZIP FT. PIERCE FL 34982

TITLE VPD
 NAME SCHAFF, CLARK ☒ Delete
 STREET ADDRESS 252 OLD KEY WEST PL
 CITY-ST-ZIP FT. PIERCE FL 34982

TITLE SD
 NAME SIMPSON, DELORES ☒ Delete
 STREET ADDRESS 345 SAHORSE TERRACE
 CITY-ST-ZIP FT. PIERCE FL 34982

TITLE TD
 NAME MCGOUGH, SARAH ☒ Delete
 STREET ADDRESS 491 THAMES BLUFF RIDGE
 CITY-ST-ZIP FT. PIERCE FL 34982

TITLE D
 NAME ROSATA, JULES ☒ Delete
 STREET ADDRESS 210 SANDY BOTTOM PLACE
 CITY-ST-ZIP FT. PIERCE FL 34982

TITLE D
 NAME BILLIE, KATIE ☒ Delete
 STREET ADDRESS 363 TROPICAL ISLES CIR
 CITY-ST-ZIP FORT PIERCE FL 34982

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD ☒ Change ☐ Addition
 NAME Katie S. Billie
 STREET ADDRESS 363 Tropical Isles Circle
 CITY-ST-ZIP FT. Pierce, FL 34982

TITLE SD ☒ Change ☐ Addition
 NAME Shirley McKusick
 STREET ADDRESS 520 Tropical Isles Circle
 CITY-ST-ZIP FT. Pierce, FL 34982

TITLE TD ☒ Change ☐ Addition
 NAME LINDA JURSZ
 STREET ADDRESS 467 Pelican Shoal PI
 CITY-ST-ZIP FT. Pierce, FL 34982

TITLE D ☒ Change ☐ Addition
 NAME BARBARA YAKAVONIS
 STREET ADDRESS 222 Sea Conch Place
 CITY-ST-ZIP FT. Pierce, FL 34982

TITLE D ☒ Change ☐ Addition
 NAME CLARK SCHAFF
 STREET ADDRESS 252 Old Key West PI
 CITY-ST-ZIP FT. Pierce, FL 34982

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:

Linda Jursz (Linda Jursz)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

(561) 461-3712

Date

Daytime Phone #

CR2E037 (10/00)