

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41892

1. Entity Name

TRINITY OAKS PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90080 004 ****61.25

Principal Place of Business

Mailing Address

1029 MARAVISTA DRIVE
NEW PORT RICHEY FL
US

1029 MARAVISTA DRIVE
NEW PORT RICHEY FL 34655-4573
US

2. Principal Place of Business

3. Mailing Address

10730 U.S. 19, Suite 17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 17

City & State

City & State

Port Richey, FL

4. FEI Number

59-3051415

Applied For

Not Applicable

Zip

Country

Zip

34668

Country

Pasco

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

PEATE, RUSS
10730 U.S. 19, SUITE 17
PORT RICHEY FL 34668

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

Russ Peate

(AGENT)

3/17/00

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 P ☐ Delete
NAME SOPRANO, SAMUEL
STREET ADDRESS 1029 MARAVISTA DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ Change ☒ Addition
NAME ZBLIKOWSKI, PAULETTE
STREET ADDRESS 1826 Kinsmere Dr.
CITY-ST-ZIP New Port Richey, FL

TITLE VP ☐ Delete
NAME MURPHY, DAVE
STREET ADDRESS 1881 KINSMERE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☐ Change ☒ Addition
NAME McMullen, Mike
STREET ADDRESS 8101 Maiden Lane
CITY-ST-ZIP New Port Richey, FL

TITLE S ☐ Delete
NAME WILHITE, BARBARA
STREET ADDRESS 1039 MARA VISTA DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE T ☒ Delete
NAME CURTIS, SAM
STREET ADDRESS 8344 BOSITO DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE D ☐ Delete
NAME MEISSER, FRED
STREET ADDRESS 1507 MARA VISTA DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE ☒ Delete
NAME WHEAT, ROBERT
STREET ADDRESS 1671 KINSMERE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TO ☒ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)