

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45654

1. Entity Name

TIP TOP VILLAGE MOBILE HOME OWNER'S ASSOCIATION.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90019 009 ****61.25

Principal Place of Business 14600 S TAMiami TR LOT 97 FT MYERS FL 33912 US	Mailing Address 14600 S TAMiami TR LOT 97 FT MYERS FL 33912-1948 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3090774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~MEDEIROS, LINDA M.
14600 S. TAMiami TR.
LOT 97
FT MYERS FL 33912~~

7. Name and Address of New Registered Agent

Name: Counts, Joyce D
Street Address (P.O. Box Number is Not Acceptable): 14600 S. TAMiami TR
Lot 97
City: Ft. Myers FL Zip Code: 33912

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: Joyce D. Counts (Treasurer) DATE: 3/2/2000
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
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TETRAULT, OLIVA 14600 S TAMiami TR LOT 94 FT. MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STURMAN, PETE 14600 S TAMiami TR LOT 7 FT. MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Bertram Gomez 14600 S. TAMiami TR Lot 100 Ft Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FASSLER, VICKI 14600 S TAMiami TRL LOT #109 FT. MYERS FL 33961 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Cindy Rencoral 14600 S. TAMiami TR Lot 80 Ft Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEDEIROS, LINDA M 14600 S TAMiami TR LOT 97 FT. MYERS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Joyce D. Counts 14600 S. TAMiami TR Lot 97 Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Joyce D. Counts (Treasurer) DATE: 3/2/2000 DAYTIME PHONE # 941-482-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)