

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001369

1. Entity Name

TROPICAL BREEZE MHP HOMEOWNER'S ASSOCIATION, INC

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90051 005 ****61.25

Principal Place of Business	Mailing Address
% E. LEBRON FREE. ESO. 2725 PARK DR., SUITE 3 CLEARWATER FL 33763-1023 US	% E. LEBRON FREE. ESO. 2725 PARK DR., SUITE 3 CLEARWATER FL 33763-1023 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24698 US HWY 19 N. #502		3. Mailing Address 24698 US HWY 19, N.	
Suite, Apt. #, etc. #502		Suite, Apt. #, etc. #502	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33763	Country USA	Zip 33763	Country USA

4. FEI Number 59-3329149	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 FREE, E. LEBRON 2725 PARK DR. SUITE 3 CLEARWATER FL 33763	7. Name and Address of New Registered Agent Name FRAN LAWTON Street Address (P.O. Box Number is Not Acceptable) 24698 US HWY 19 NORTH #502 City CLEARWATER, FL FL Zip Code 33763
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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: FRAN LAWTON (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE: 4-19-00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LAUHON, LARRY 24698 UW HWY 19 NORTH, LOT 310 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP GRANT, ETHEL 24698 US HWY 19 N, # 115 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS COCKRELL, MARGARET 24698 US 19, LOT 308 CLEARWATER FL 33763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DS COCK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WICOFF, RITA 24698 US 19 LOT 301 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D WICOFF, ROBERT 24698 US 19 N #301 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT OVERMAN, JOANNE 24698 US 19, LOT 212 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DT PEPPER, MARY 24698 US HWY 19. N. # 119 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GRANT, ETHEL 24698 US 19, LOT 115 CLEARWATER FL 33703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ADV ADASE, JOYCE 24698 US 19 N. #612 CLEARWATER, FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HOWARD, CHARLIE 24698 US 19, LOT 203 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D ALLEN, MAY 24698 US 19 N. # 112 CLEARWATER, FL 33763	<input type="checkbox"/> Change <input checked="" 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: FRAN LAWTON (Signature and typed or printed name of signing officer or director) DATE: 4-19-00 DAYTIME PHONE #: 504-791-3491

CR2E037 (9/99)