

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90088 002 ****61.25

0063666

DOCUMENT # N95000001369

1. Entity Name

TROPICAL BREEZE MHP HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business

Mailing Address

24698 US HWY 19 N
 #502
 CLEARWATER FL 33763
 US

24698 US HWY 19 N
 #502
 CLEARWATER FL 33763
 US

2. Principal Place of Business

24698 US 19 N.

3. Mailing Address

24698 US 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT # 311

LOT # 311

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33763

Country

USA

Zip

33763

Country

USA

4. FEI Number

59-3329149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAWTON, FRAN
 24698 US HWY 19 NORTH
 #502
 CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name William B. VAN GUAP

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

24698 US 19 N.

LOT # 311

City CLEARWATER

FL

Zip Code

33763

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.

S = William B. Van Guap William B. Van Guap 4/1/01
 SIGNATURE 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

TITLE DP
 NAME LAUHON, LARRY ☒ Delete
 STREET ADDRESS 24698 UW HWY 19 NORTH, LOT 310
 CITY-ST-ZIP CLEARWATER FL 33763

TITLE DS
 NAME COCKRELL, MARGARET ☒ Delete
 STREET ADDRESS 24698 US 19, LOT 308
 CITY-ST-ZIP CLEARWATER FL 33763

TITLE D
 NAME WICOFF, RITA ☐ Delete
 STREET ADDRESS 24698 US 19 LOT 301
 CITY-ST-ZIP CLEARWATER FL 33763

TITLE DT
 NAME OVERMAN, JOANNE ☒ Delete
 STREET ADDRESS 24698 US 19, LOT 212
 CITY-ST-ZIP CLEARWATER FL 33763

TITLE D
 NAME GRANT, ETHEL ☐ Delete
 STREET ADDRESS 24698 US 19, LOT 115
 CITY-ST-ZIP CLEARWATER FL 33763

TITLE D
 NAME HOWARD, CHARLIE ☒ Delete
 STREET ADDRESS 24698 US 19, LOT 203
 CITY-ST-ZIP CLEARWATER FL 33763

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE JOSHUA COONEY ☐ Change ☒ Addition
 NAME
 STREET ADDRESS 24698 US 19 N #310
 CITY-ST-ZIP CLEARWATER, FL 33763

TITLE T MARY PEPPER ☐ Change ☒ Addition
 NAME
 STREET ADDRESS 24698 US 19 N #119
 CITY-ST-ZIP CLEARWATER, FL 33763

TITLE RITA WICOFF ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 24698 US 19 N #301
 CITY-ST-ZIP CLEARWATER, FL 33763

TITLE S William B. Van Guap ☐ Change ☒ Addition
 NAME
 STREET ADDRESS 24698 US 19 N #311
 CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D P ETHEL GRANT ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 24698 US 19 N #115
 CITY-ST-ZIP CLEARWATER, FL 33763

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: William B. Van Guap William B. Van Guap 4/1/01 726-9162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)