

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90116 005 \*\*\*\*61.25

DOCUMENT # N95000001369

1. Entity Name

TROPICAL BREEZE MHP  
HOME OWNERS ASSOCIATION INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

24698 US 19 N

Suite, Apt. #, etc.

LOT # 308

City & State

CLEARWATER FL

Zip

33763

Country

USA

3. Mailing Address

24698 US 19 N

Suite, Apt. #, etc.

LOT # 308

City & State

CLEARWATER FL

Zip

33763

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3329149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

William B. Van Gorp

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

24698 US 19 N

LOT # 308

City

CLEARWATER

FL

Zip Code

33763

**DO NOT WRITE  
IN THIS SPACE**

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.

T= William B. Van Gorp William B. Van Gorp 4/10/02  
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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 DV  
NAME JOSHUA COONBY  
STREET ADDRESS 24698 US 19 N # 310  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE DS  
NAME MARGARET COCKRELL  
STREET ADDRESS 24698 US 19 N # 308  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE DT  
NAME William B. Van Gorp  
STREET ADDRESS 24698 US 19 N # 308  
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE DP  
NAME RITA WICOFF  
STREET ADDRESS 24698 US 19 N # 301  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE D  
NAME ROBERT WICOFF  
STREET ADDRESS 24698 US 19 N # 301  
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

2. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: William B. Van Gorp  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-726-9162  
Date Daytime Phone #

CR2E037B (12/01)