

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001939

1. Entity Name

TROPICAL ACRES HOMEOWNERS ASSOCIATION OF AUBURND

FILED
Jul 24, 2000 8:00 am
Secretary of State

01-18-2000 90016 001 ****61.25

Principal Place of Business

5333 GLENMORE DRIVE
LAKELAND FL 33813

Mailing Address

P.O. BOX 1303
AUBURNDAL FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3328416

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GABALDON, ADRIAN
210 S. MAIN STREET
AUBURNDAL FL 33823

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

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

After September 13, 2000 min. will be \$236.25

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 PD
NAME DURHAM, JIM
STREET ADDRESS 545 AVE. K SOUTHEAST
CITY-ST-ZIP WINTER HAVEN FL 33880

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME HANSEN, MARY
STREET ADDRESS 2236 ARIANA BLVD
CITY-ST-ZIP AUBURNDAL FL 33880

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME GABALDON, ADRIAN
STREET ADDRESS 210 S. MAIN STREET
CITY-ST-ZIP AUBURNDAL FL 33823

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 (863) 967 3557

Date

Daytime Phone #

Attachment
D#N95000001939

18813

FORM IS BEING
RETURNED TO YOU
TO FURNISH THE
FEI NUMBER.

THE \$61.25 FILING
FEE WAS PAID
JANUARY 6, 2000.