2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90145 010 ****61.25

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DOCUMENT # N96000000065

1. Entity Name

TONEY POINT SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2131 ROCKY POINT DR. LAKELAND FL 33813	2131 ROCKY POINT DR. LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWAY, JACK
4243 PEBBLE POINTE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name: CLARKE, TOM
Street Address (P.O. Box Number is Not Acceptable): 2067 ROCKY POINTE
City: LAKELAND **FL** Zip Code: 33813

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: Tom Clarke, PD. Tom CLARKE 4/12/02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWAY, JACK 4243 PEBBLE POINTE LAKELAND FL 33813	☒ Delete	PD CLARKE, TOM 2067 ROCKY POINTE DR LAKELAND FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLARKE, TOM 2067 ROCKY POINTE LAKELAND FL 33813	☒ Delete	VPD DON VARNER 2151 STONEY POINTE DR LAKELAND FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARVEY, JANIE 4458 PEBBLE POINTE LAKELAND FL 33813	☒ Delete	SD JOHNSON, GWYNNE 4337 PEBBLE POINTE DR LAKELAND FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PERRY, CAROLYN 4106 COBBLESTONE LAKELAND FL 33813	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Carolyn C Perry SIGNATURE REQUIRED PERRY CAROLYN 4-12-02 (863)648-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #