

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001857

1. Entity Name

VILLAGE OF TRAMORE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

183 TRAMORE PLACE  
MELBORNE BEACH FL 32951  
US

P O BOX 510845  
MELBOURNE FL 32951-0845  
US

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

59-3445436

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

MOSLEY, CURTIS R  
1221 E NEW HAVEN AVENUE  
MELBOURNE FL 32901

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

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 PSD  
NAME CRAGG, ANITA  
STREET ADDRESS 183 TRAMORE PLACE  
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Delete

TITLE VD  
NAME CRAGG, DAVID  
STREET ADDRESS 183 TRAMORE PLACE  
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Delete

TITLE TD  
NAME JAEGER, THOMAS  
STREET ADDRESS 183 TRAMORE PLACE  
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME James Welch  
STREET ADDRESS 180 Tramore Place  
CITY-ST-ZIP Melbourne, FL 32951 ☐ Change ☒ Addition

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

☐ 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90113 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1/10/00

321-952-7499