2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001857

Entity Name: VILLAGE OF TRAMORE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 13, 2002 8:00 AM Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of Business:
	ORE PLACE E BEACH, FL 32951 US	
Current Ma	ailing Address:	New Mailing Address:
	ORE PLACE NE BEACH, FL 32951 US	
FEI Number:	59-3445436 FEI Number Applied For () FEI N	umber Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	, KATHY ORE PLACE NE BEACH, FL 32951 US	
The above in the State		of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete WELCH, JAMES 156 TRAMORE PLACE MELBOURNE BEACH, FL 32951	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete MCKINLEY, JOHN 156 TRAMORE PLACE MELBOURNE BEACH, FL 32951	Title: VD (X) Change () Addition Name: THIMM, LILLY Address: 199 TRAMORE PLACE City-St-Zip: MELBOURNE BEACH, FL 32951
Title: Name: Address: City-St-Zip:	TD () Delete GILLILAND, KATHY 156 TRAMORE PLACE MELBOURNE BEACH, FL 32951	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	C () Delete BENNETT, GORDON 156 TRAMORE PLACE MELBOURE BEACH, FL 32951	Title: VD (X) Change () Addition Name: BENNETT, GORDON Address: 156 TRAMORE PLACE City-St-Zip: MELBOURE BEACH, FL 32951
Title: Name: Address: City-St-Zip:	()Delete	Title: SC () Change (X) Addition Name: FERRIELL, KRISTIE A Address: 167 TRAMORE PLACE City-St-Zip: MELBOURNE BEACH, FL 32951
Title: Name: Address: City-St-Zip:	()Delete	Title: SC () Change (X) Addition Name: NA, NA Address: NA City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIE A. FERRIELL SC 04/13/2002