

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90509 047 \*\*\*\*61.25

**DOCUMENT # N97000002426**  
1. Entity Name  
**THOMASTOWN ESTATES NEIGHBORHOOD ASSOCIATION, INC**



Principal Place of Business  
**5521 CHIPPER LANE  
PACE FL 32571  
US**

Mailing Address  
**5521 CHIPPER LANE  
PACE FL 32571  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3456830**  
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**  
  
**MILLER, OSCAR F  
5521 CHIPPER LANE  
PACE FL 32571**

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, FRANK</b>	
STREET ADDRESS	<b>5521 CHIPPER LANE</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BOUDREAU, DOUGLAS</b>	
STREET ADDRESS	<b>4437 ANGIE LANE</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, BILLIE</b>	
STREET ADDRESS	<b>5521 CHIPPER LANE</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRUTCH, ANGELA</b>	
STREET ADDRESS	<b>5425 GWEN LANE</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAPPA, LISA</b>	
STREET ADDRESS	<b>4464 NORA AVE.</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, MARTIN III</b>	
STREET ADDRESS	<b>5522 CHIPPER LANE</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Oscar F Miller* **REQUIRED**

**4/23/03 850-995-0844**

CR2E037 (10/02)