

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005681

1. Entity Name

TROPICAL FALLS OWNERS' ASSOCIATION, INC.

Principal Place of Business

7200 PADDISON RD
CINCINNATI OH 45230
US

Mailing Address

7200 PADDISON RD
CINCINNATI OH 45230-2370
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

59-2339522

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

DYE, JAMES D
1206 MANATEE AVENUE WEST
BRADENTON FL 34205

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

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
NAME

STREET ADDRESS
CITY-ST-ZIP

DVP
NEAL, CATHERINE E
7200 PADDISON RD
CINCINNATI OH 45230

Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

DST
MURPHY, MEAGAN
1080 NIMITZVIEW DR
CINCINNATI OH 45230

Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

DP
NEAL, ROY
7200 PADDISON RD
CINCINNATI OH 45230

☐ 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

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
06-09-2000 90012 017 ***61.25
FILED

00 JUL 21 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)