

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90430 015 ****61.25

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

DOCUMENT # *DD 6232*

1. Entity Name

N98000006232
South Ridge of Tampa Homeowners Association, Inc.

670786

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2880 Scherer Dr. N

Suite, Apt. #, etc. *840*

3. Mailing Address

2880 Scherer Dr. N

Suite, Apt. #, etc. *840*

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg

City & State

St. Petersburg

4. FEI Number

59-3557811

Applied For

Not Applicable

Zip

33716

Country

FLORIDAS

Zip

33716

Country

FLORIDAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ron Catterill

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

1505 N. Florida Ave

City

Tampa

FL

Zip Code

33602

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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	<i>PRESIDENT - D</i>
NAME	<i>LEEDON, JEANNA</i>
STREET ADDRESS	<i>912 SUMMER BREEZE DR</i>
CITY - ST - ZIP	<i>BRANDON, FL 33511</i>
TITLE	<i>VICE PRESIDENT - D</i>
NAME	<i>McLEAN, CHIP</i>
STREET ADDRESS	<i>1023 SUMMER BREEZE DR.</i>
CITY - ST - ZIP	<i>BRANDON, FL 33511</i>
TITLE	<i>SECRETARY/TREASURER - D</i>
NAME	<i>TROIA, TONY</i>
STREET ADDRESS	<i>920 SUMMER BREEZE DR</i>
CITY - ST - ZIP	<i>BRANDON, FL 33511</i>
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

11/18

4/30/02