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

DOCUMENT # N9900000123

Entity Name

TERN BAY HOMEOWNER'S ASSOCIATION, INC.



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90300 013 ****70.00

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BACON, DAVID A 2859 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 City FL Zp Code 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a me obligations of registered agent. Signature FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Adent approximation and stee / applicability. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Adent approximation applications of the foliation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a me obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Adent approximation applications are strongly after the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a membrane agent ag	Zip	Country	Zip	Country	5. Certificate of Stat	us Desired 😾	' \$8.75 Add	itional	
BACON, DAVID A 2859 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 City FL Zip Code		6. Name and Address of Current	Registered Agent	' 	7. Name and Addre	ss of New Registe			
2859 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 City				Name					
ST. PETERSBURG FL 33713 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 a the obligations of registered agent. SIGNATURE Signature. Spread of printed name of registered agent and the of registered agent and the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BYD WINPPHY, GIL STREET AUDRESS STR				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
B. 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 a the obligations of registered agent.: SiGNATURE									
TILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$61.		*		City			FL Zip Code	9	
SIGNATURE Signature typed or printed name of mysistered agent and tate of applicable. (NOTE: Registered Agent signature required when reinstating) DATE			or the purpose of changing its	registered office or regis	tered agent, or both, in th	e State of Florida. I	am familiar with,	and accept	
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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 receive not true to the security 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 accuracy.

SIGNATURE:

3 711.865-1959