

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90202 004 ****61.25

DOCUMENT # N99000000278

1. Entity Name

TIGUA COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1050 S. LAKE SYBELIA DR.
MAITLAND FL 32751****1050 S. LAKE SYBELIA DR.
MAITLAND FL 32751**

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

59-3554780

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

Name

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

City

FL

Zip Code

**CRONE, MARK A
1050 S. LAKE SYBELIA DR.
MAITLAND FL 32751**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
DP	PHILPOT, SCOTT L	1050 S. LAKE SYBELIA DR.	MAITLAND FL 32751	☐					☐	☐
DV	CRONE, MARK A	1050 S. LAKE SYBELIA DR.	MAITLAND FL 32751	☐					☐	☐
DS	PHILPOT, ROBIN L	1050 S. LAKE SYBELIA DR.	MAITLAND FL 32751	☐					☐	☐
DT	CRONE, LORA N	1050 S. LAKE SYBELIA DR.	MAITLAND FL 32751	☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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:**NOT REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/02

407-539-1050

CP2E037 (9/01)

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