

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000004988**

1. Entity Name

**NATIONAL VILLAGE/ TIMBER PINE HOMEOWNERS ASSOCIA  
TION, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 11601  
RIVIERA BEACH FL 33419-1601****P.O. BOX 11601  
RIVIERA BEACH FL 33419-1601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

**LEONARD, WARRIE D  
1901 W. 23RD ST.  
RIVIERA BEACH FL 33404-1810**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LEONARD, WARRIE D  
1901 W 23RD ST  
RIVIERA BEACH FL 33404** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WOODSIDE, DAVID  
2641 W 28TH ST  
RIVIERA BEACH FL 33404** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MAYFIELD, CHARISSE  
2650 W 28 STREET  
RIVIERA BEACH FL 33404** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASD  
MORRIS, SANDRA  
1805 WEST 26TH STREET  
RIVIERA BEACH FL 33404** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LAVERANE, FRANKIE  
2647 WEST 28TH STREET  
RIVIERA BEACH FL 33404** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Frankie M. Laverne** 3/18/02

Date

Daytime Phone #

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90796 024 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)