## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000005685

Apr 19, 2002 8:00 AM Secretary of State

Entity Name: THE CLASSIC TOWNHOMES OF WEST PARK VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

325 SOUTH BLVD. 3974 TAMPA ROAD TAMPA, FL 33606

OLDSMAR, FL 34677

**Current Mailing Address:** New Mailing Address:

325 SOUTH BLVD PO BOX 2157

TAMPA, FL 33606 OLDSMAR, FL 34677

FEI Number: 59-3657544 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANSON, JACK HANSON, JACK 325 SOUTH BLVD. 3974 TAMPA ROAD TAMPA, FL 33606 OLDSMAR, FL 34677

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: 04/19/2002

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition

CLARK, JAMES R SCHILLER, BRYAN Name: Name: 8401 J.R. MANOR DRIVE Address: 10007 TATE LANE Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33626

Title: ( ) Delete Title: (X) Change ( ) Addition

TENBROEK, ERIN Name: Name: NOVAK, JOHN

Address: 8401 J.R. MANOR DRIVE Address: 9427 WEST PARK VILLAGE DRIVE

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33626

Title: () Delete Title: DST (X) Change ( ) Addition AMATO, KENNETH P Name: WITONSKI, MARIA Name:

8401 JA MANOR DRIVE Address: Address: 10017 TATE LANE City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN SCHILLER DP 04/19/2002