

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715371 (1)

1. Corporation Name
TROPIC HARBOR ASSOCIATION, INC.



Principal Place of Business: 800 TROPIC ISLE DRIVE, DELRAY BEACH FL 33483
Mailing Address: 800 TROPIC ISLE DRIVE, DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 10/07/1968
3a. Date of Last Report: 01/20/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For							
					59-1310055	Not Applicable							
22	Suite, Apt #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required							
					<input type="checkbox"/>								
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees							
					<input type="checkbox"/>								
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLARKE, BEN 800 TROPIC ISLE DR. DELRAY BCH. FL 33483				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKER, WILLIAM H.	1.2 NAME	WESTBY, JAMES M.
STREET ADDRESS	800 TROPIC ISLE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRENER, JOHN V	2.2 NAME	
STREET ADDRESS	800 TROPIC ISLE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICKER, JOHN	3.2 NAME	HOLT, EVERETT
STREET ADDRESS	800 TROPIC ISLE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIESKOWSKI, MARY	4.2 NAME	
STREET ADDRESS	800 TROPIC ISLE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 00000	4.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITS, ADDISON	5.2 NAME	TALCOTT, WILLIAM
STREET ADDRESS	800 TROPIC ISLE DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 00000	5.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAPP, ELEANOR XXX	6.2 NAME	O'BRIEN, JANET
STREET ADDRESS	800 TROPIC ISLE DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH. FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James M. Westby* 1/19/96 407-278-8192
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAMES M. WESTBY, PRESIDENT Date Daytime Phone #

CR2E037 (12/95)