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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715371 (1)

Corporation Name

TROPIC HARBOR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

800 TROPIC ISLE DRIVE
DELRAY BEACH FL 33483800 TROPIC ISLE DRIVE
DELRAY BEACH FL 33483-47213. Date Incorporated or Qualified
10/07/19683a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WESTBY, JAMES M.	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KRENER, JOHN V.	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLT, EVERETT	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SWIESKOWSKI, MARY	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TALCOTT, WILLIAM	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	O'BRIEN, JANET	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY - ST - ZIP	DELRAY BEACH FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM T. TALCOTT, JR.,	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATRICIA SHEERIN	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	IRVING KATZ	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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 *William T. Talcott, Jr.* WILLIAM T. TALCOTT, JR.

1/17/97 561.278.8192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0044859

CR2E037 (9/96)