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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715371

1. Corporation Name

TROPIC HARBOR ASSOCIATION, INC.

145694 90080 32



Principal Place of Business

Mailing Address

800 TROPIC ISLE DRIVE
DELRAY BEACH FL 33483

800 TROPIC ISLE DRIVE
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/07/1968
4. FEI Number
59-1310055

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

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 John W. Eaton, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
800 TROPIC ISLE Drive

83

84 City Delray Beach

FL

85

Zip Code 33483

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/05/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME CULHANE, PETER K
STREET ADDRESS 800 TROPIC ISLE DR.
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME MURRAY, JAMES
STREET ADDRESS 800 TROPIC ISLE DR.
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE PD Change Addition
2.2 NAME Murray, James
2.3 STREET ADDRESS 800 Tropic Isle Drive
2.4 CITY-ST-ZIP Delray Beach, FL

TITLE VD DELETE
NAME BRADLEY, ROBERT
STREET ADDRESS 800 TROPIC ISLE DR.
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE VD Talcott, William Change Addition
3.2 NAME
3.3 STREET ADDRESS 800 Tropic Isle Drive
3.4 CITY-ST-ZIP Delray Beach, FL

TITLE T DELETE
NAME SWIESKOWSKI, MARY
STREET ADDRESS 800 TROPIC ISLE DR.
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE VD KRENER, JOHN Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD DELETE
NAME KATZ, IRVING
STREET ADDRESS 800 TROPIC ISLE DR.
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-99 561-278-8192
Date Daytime Phone #

CR2E037 (11/98)