


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 715371 1. Entity Name TROPIC HARBOR ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 16 AM 8:28	
Principal Place of Business 800 TROPIC ISLE DRIVE DELRAY BEACH, FL 33483				Mailing Address 800 TROPIC ISLE DRIVE DELRAY BEACH, FL 33483			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-1310055				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVE SOUTH 9TH FLOOR WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERTVIK, JOHN JR 3421 SPANISH TRAIL #327 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000079984560 08/18/06--01044--017 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD ROSITO, ALDO 3301 SPANISH TRAIL #401 DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AT SWIESKOWSKI, MARY 3351 SPANISH TRAIL #44 DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD CATALANOTTI, PAUL 921 SPANISH CIRCLE #235 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRELL, FRANCES 3411 SPANISH TRAIL #216 DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AT C. H. KENNETT 3401 SPANISH TRAIL #152 DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACHS, DAVID 3421 SPANISH TRAIL #225 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT VALENZA, GRACE 3301 SPANISH TRAIL #400 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 7/26/06			
Daytime Phone #: 216-406-4830							