

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

1/13

01-13-2003 90464 031 \*\*\*\*61.25

**DOCUMENT # 715371**

1. Entity Name

**TROPIC HARBOR ASSOCIATION, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1310055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.  
500 AUSTRALIAN AVE SOUTH  
9TH FLOOR  
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KENNETH, CH 3401 SPANISH TRAIL DELRAY BEACH FL 33483</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3VD CAPPELLA, JOE 3301 SPANISH TRAIL #101 DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TRIAURO, MIKE 3401 SPANISH TRAIL #A 406 DELRAY BEACH FL 33483</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3VD KENNETT, C H 3401 SPANISH TRAIL #152 DELRAY BEACH FL 33483</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TALCOTT, BILL 3421 SPANISH TRAIL D-326 DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S O'BRIEN, JANET 951 SPANISH TRAIL DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PD Capella, Joe 3301 Spanish Trl. #101 Delray Beach FL 33483</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T Murphy, Curt 921 Spanish Cir #333 Delray Beach FL 33483</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>V Takott, Bill 3421 Spanish Trl #326 Delray Beach FL 33483</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>S O'Brien, Janet 951 Spanish Cir #346 Delray Beach FL 33483</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:

**SIGNATURE OF OFFICER OR DIRECTOR**

**1/8/03**

Date

**561-265-3272**

Daytime Phone #

CR2E037 (10/02)