FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

732454

(4)

THE TROPICAL SHORES CIVIC CLUB, INC.

FILED Apr 16 1998 8:00am Secretary of State

	THE THOUGHE	01		,	11101							
Principal Place of Business Malling Address								T HOTHLY THEORY INCIDENT COMMENT OF STATE				
1801 LIVINGSTONE ST SARASOTA FL 34231				1801 LIVINGSTONE ST SARASOTA FL 34231				3. Date Incorporated or Qualified 04/15/1975	04/15/1975			
								4. FEI Number Applied For				
								59-1030574 Not Applicable	e			
2. 21	Principal Place of Business		26 26	. Mailing Address			5. Certificate of Status Desired S8.75 Additional Fee Required					
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	City & State			City & State				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No				
24		25	Country	29	Zip	30 Co	untry	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent							Ь.	10. Name and Address of New Registered Agent				
RIEMBAUER, STEPHEN 8700 DUNMORE DRIVE 1651 JOYCE ST SARASOTA FL 34231							61 62 63	82 Street Address (P.O. Box Number is Not Acceptable)				
							84	84 City F1 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 II applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS A									
TITLE	Р	DELETE	1.1 TITLE	Pres	Change	Addition							
NAME	BRUCE, BOB	•	1.2 NAME	Les Paris	·								
STREET ADDRESS	1873 JOYCE STREET		1.3 STREET ADDRESS	1693 Joyce									
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FIBYDBI									
TITLE	V	DELETE	2.1 TITLE	Vice Pres	Change Change	Addition							
NAME	MCMASTER, BARBARA	,	2.2 NAME	Robert Herbold	•								
STREET ADDRESS	8639 DUNMORE DRIVE		2.3 STREET ADDRESS	1643 BAYONE									
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARAS-TA PLBYDDI									
TITLE	D	DELETE	3.1 TITLE	Director	Change	☐ Addition							
NAME	BOWEN, BEVERLY	•	3.2 NAME	Teresa Fletcher	•								
STREET ADDRESS	8724 DUNMORE DR		3.3 STREET ADDRESS	8727 DUNMORE Dr									
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	SARASSTA, FL 34231									
TITLE	8	DELETE	4.1 TITLE	Secy of	Change	Addition							
NAME	SALEM, JENNIFER	•	4. 2 NAME	lămu Yest	,								
STREET ADDRESS	1701 LIVINGSTONE STREET		4.3 STREET ADDRESS	1663 Colleen									
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA FL 34231									
TITLE	T	DELETE	5.1 TITLE	Treas.	Change	Addition							
NAME	riembauer, stephen	,	5.2 NAME	Sharon Werner	,								
STREET ADDRESS	8700 DUNMORE DRIVE		5.3 STREET ADDRESS	Sharon Werner 8615 Dunnore Dr									
CITY-ST-ZIP	SARASOTA FL		5.4 CITY - ST - ZIP	SAKA SOTA PL 34231									
TITLE	D	DELETE	6.1 TITLE	Directo R	Change	☐ Addition							
NAME	HERBOLD, BOB	, -	6.2 NAME	MARK ROMANCE 1627 WHARF Rd.	,								
STREET ADDRESS	1683 BAYONNE STREET		6.3 STREET ADDRESS	[1627 WHARF Rd.									
CITY-ST-ZIP	SARASOTA FI		6.4 CITY - ST 7IP	COLACOTA EL ZULZI									

14. 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 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 corposition 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 in changed, or on an attachment with an address.

SIGNATURE: This Solitches RICTERESA FIETCHER 4/4/98 941 966 3805

CR2E037 (10/97)