

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747013** (1)
1. Corporation Name
TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **8000 SE PARADISE DRIVE STUART FL 34997-7361**
Mailing Address: **8000 SE PARADISE DRIVE STUART FL 34997-7361**

3. Date Incorporated or Qualified: **05/02/1979**
3a. Date of Last Report: **04/13/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2534026	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	Country	29. Zip	Country
25. Zip	Country	30. Zip	Country

9. Name and Address of Current Registered Agent JACK O. CASSIDY 8000 SE PARADISE DRIVE STUART FL 34997		10. Name and Address of New Registered Agent	
81. Name	Jane L. Cornett, Esq.		
82. Street Address (P.O. Box Number is Not Acceptable)	401 E. Osceola Street		
83. City	Stuart	85. State	FL
84. Zip Code	34995		

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. Each 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 617.0505, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE: **1/1**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DEPREE, ROBERT L.	1.1 TITLE	V Mustafaga, Karl
STREET ADDRESS: 7908 S.E. PARADISE CT.	CITY-ST-ZIP: STUART FL	1.2 NAME	7942 SE Paradise Dr.
		1.3 STREET ADDRESS	Stuart, FL 34997
		1.4 CITY-ST-ZIP	S
TITLE: VD	NAME: WESTON, RICHARD,	2.1 TITLE	S Jean Hogan
STREET ADDRESS: 7918 SE PARADISE COURT	CITY-ST-ZIP: STUART FL 34997	2.2 NAME	192 SE Paradise Pl.
		2.3 STREET ADDRESS	Stuart, FL 34997
		2.4 CITY-ST-ZIP	
TITLE: TD	NAME: CASSIDY, JACK O.	3.1 TITLE	
STREET ADDRESS: 8000 S.E. PARADISE DR.	CITY-ST-ZIP: STUART FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE: D	NAME: HORSTMANN, WILLIAM	4.1 TITLE	
STREET ADDRESS: 141 SE PARADISE PLACE	CITY-ST-ZIP: STUART FL 34997	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE: D	NAME: BLADES, GEORGE W.	5.1 TITLE	
STREET ADDRESS: 251 S.E. PARADISE PL	CITY-ST-ZIP: STUART FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE: SD	NAME: PRUCIA, FRANCES	6.1 TITLE	
STREET ADDRESS: 261 S.E. PARADISE PL	CITY-ST-ZIP: STUART FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone #: _____

CR2E037 (12/95)