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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
8000 SE PARADISE DRIVE 8000 SE PARADISE DRIVE
STUART FL 34997-7361 STUART FL 34997-7326

3. Date Incorporated or Qualified 05/02/1979 3a. Date of Last Report 04/24/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2534026	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORNETT, JANE L. ESO 401 E OSCEOLA STREET STUART FL 34995				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEPREE, ROBERT L.		1.2 NAME	HORSTMANN, WILLIAM			
STREET ADDRESS	7908 S.E. PARADISE CT.		1.3 STREET ADDRESS	132 SE PARADISE PLACE			
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	STUART FL			
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOGAN, JEAN		2.2 NAME				
STREET ADDRESS	192 SE PARADISE PL		2.3 STREET ADDRESS				
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASSIDY, JACK O.		3.2 NAME				
STREET ADDRESS	8000 S.E. PARADISE DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HORSTMANN, WILLIAM		4.2 NAME	KARL MUSTAFAGA			
STREET ADDRESS	141 SE PARADISE PLACE		4.3 STREET ADDRESS	7942 SE PARADISE DR.			
CITY-ST-ZIP	STUART FL 34997		4.4 CITY-ST-ZIP	STUART FL			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLADES, GEORGE W.		5.2 NAME				
STREET ADDRESS	251 S.E. PARADISE PL		5.3 STREET ADDRESS				
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PRUCIA, FRANCES		6.2 NAME	MARY GURRELL			
STREET ADDRESS	281 S.E. PARADISE PL		6.3 STREET ADDRESS	121 SE PARADISE PLACE			
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP	STUART FL			

14. I do 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 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: JACK O. CASSIDY *J. O. Cassidy* 3-7-97 561-283-1764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072307

CR2E037 (9/96)