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May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 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  
4. FEI Number: 59-2534026  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
22 City & State: 23 STUART FL  
24 Zip: 25 34995  
26 Country: 27 USA

9. Name and Address of Current Registered Agent: CORNETT, JANE L. ESQ, 401 E OSCEOLA STREET, STUART FL 34995

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: HORSTMANN WILLIAM	1.1 TITLE: VICE-PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 132 SE PARADISE PL	CITY-ST-ZIP: STUART FL	1.2 NAME: MARGARET OFFERING	
		1.3 STREET ADDRESS: 212 SE PARADISE PL.	
		1.4 CITY-ST-ZIP: STUART, FL 34997	
TITLE: S	NAME: HOGAN, JEAN	2.1 TITLE: DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 102 SE PARADISE PL	CITY-ST-ZIP: STUART FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: TD	NAME: CASSIDY, JACK O.	3.1 TITLE: PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: VD	NAME: KARL MUSTAFAGA	4.1 TITLE: TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7942 SE PARADISE DR	CITY-ST-ZIP: STUART FL	4.2 NAME: DONNA K GREER	
		4.3 STREET ADDRESS: 7901 SE PARADISE DR.	
		4.4 CITY-ST-ZIP: STUART, FL 34997	
TITLE: D	NAME: BLADES, GEORGE W.	5.1 TITLE: SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 251 S.E. PARADISE PL	CITY-ST-ZIP: STUART FL	5.2 NAME: JEORJETT LA FORET	
		5.3 STREET ADDRESS: 7802 SE PARADISE DR.	
		5.4 CITY-ST-ZIP: STUART, FL 34997	
TITLE: D	NAME: MARY BURRELL	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 121 SE PARADISE PL	CITY-ST-ZIP: STUART FL	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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 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

CR2E037 (10/97)