

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747013

1. Entity Name

TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90194 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8000 SE-PARADISE DRIVE  
 STUART FL 34997-7361

PO BOX 493  
 STUART FL 34995-0493  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2534026

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNETT, JANE L. ESQ  
 401 E OSCEOLA STREET  
 STUART FL 34995

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD  Delete  
 NAME: OFFERING, MARGARET  
 STREET ADDRESS: 212 SE PARADISE PL  
 CITY-ST-ZIP: STUART FL 34997

TITLE:  Change  Addition  
 NAME: MICHAEL P. TOWNES  
 STREET ADDRESS: 122 SE PARADISE PLACE  
 CITY-ST-ZIP: STUART FL 34997

TITLE: SD  Delete  
 NAME: DEPREE, MARITA  
 STREET ADDRESS: 7408 SE PARADISE COURT  
 CITY-ST-ZIP: STUART FL 34997

TITLE:  Change  Addition  
 NAME: VICE PRESIDENT/DIRECTOR  
 STREET ADDRESS: GIRARDI, JOSEPH  
 CITY-ST-ZIP: 7881 SE PARADISE DRIVE  
 STUART FL 34997

TITLE: D  Delete  
 NAME: CASSIDY, JACK O.  
 STREET ADDRESS: 8000 S.E. PARADISE DR.  
 CITY-ST-ZIP: STUART FL

TITLE:  Change  Addition  
 NAME: DIRECTOR  
 STREET ADDRESS: GENE HOGAN  
 CITY-ST-ZIP: 192 SE PARADISE PLACE  
 STUART FL 34997

TITLE: TD  Delete  
 NAME: GREER, DONNA K  
 STREET ADDRESS: 7901 SE PARADISE DR  
 CITY-ST-ZIP: STUART FL 34997

TITLE:  Change  Addition

TITLE: PD  Delete  
 NAME: HORSTMANN, WILLIAM  
 STREET ADDRESS: 192 SE PARADISE PL  
 CITY-ST-ZIP: STUART FL 34997

TITLE:  Change  Addition

TITLE: D  Delete  
 NAME: MARY BURRELL  
 STREET ADDRESS: 121 SE PARADISE PL  
 CITY-ST-ZIP: STUART FL

TITLE:  Change  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: *Donna K. Greer* / Director **DONNA K. GREER** 4-14-00 561/223-8156  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)