2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am § Secretary of State **DOCUMENT # 747013** 03-02-2001 90020 001 ****61.25 TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC. ⊃rincipal Place of Business Mailing Address ■8000 SE PARADISE DRIVE PO BOX 493 STUART FL 34997-7361 STUART FL 34995 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2534026 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORNETT, JANE L. ESQ **401 E OSCEOLA STREET** STUART FL 34995 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D. X. P. ☐ Change X Addition CR2E037 (10/00 TITLE ☐ Delete WAYNE MCCUNE 1615E PARADISE PLACE TOWNES, MICHAEL P NAME NAME 122 SE PARADISE PLACE STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP SD ☐ Delete TITLE Change X Addition TITLE Jim LANGLOIS DEPREE, MARITA NAME NAME 231 SE PARADISE PLACE 7408 SE PARADISE COURT STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Delete Change ☐ Addition TITLE TITLE CASSIDY, JACK O. NAME NAME 8000 S.E. PARADISE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP TD □ Change Addition TITLE ☐ Delete TITLE GREER, DONNA K NAME MAME 7901 SE PARADISE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE ☐ Change ☐ Addition TITLE ☐ Delete

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.

NAME

TITLE

N Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

HORSTMANN, WILLIAM

192 SE PARADISE PL

STUART FL 34997

GIRARDI, JOSEPH

STUART FL 34997

7881 SE PARADISE DRIVE

DVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REASURER,

FILED

☐ Change

☐ Addition