

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0056895

DOCUMENT # 747013

1. Entity Name

TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.

04-11-2002 90104 033 ****61.25

Principal Place of Business

Mailing Address

8000 SE PARADISE DRIVE
 STUART FL 34997-7361

PO BOX 493
 STUART FL 34995
 US

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	TOWNES, MICHAEL P	122 SE PARADISE PLACE	STUART FL 34997	<input type="checkbox"/>
SD	DEPREE, MARITA	7408 SE PARADISE COURT	STUART FL 34997	<input type="checkbox"/>
DVP	MCCUNE, WAYNE	1615 SE PARADISE PL	STUART FL 34997	<input type="checkbox"/>
TD	GREER, DONNA K	7901 SE PARADISE DR	STUART FL 34997	<input type="checkbox"/>
PD	HORSTMANN, WILLIAM	192 SE PARADISE PL	STUART FL 34997	<input type="checkbox"/>
D	LANGOIS, JIM	231 SE PARADISE PL	STUART FL 34997	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DIRECTOR	MARGARET OFFERDING	212 SE PARADISE PLACE	STUART, FL 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JAMES HOGELAND	242 SE PARADISE PLACE	STUART FL 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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* **RECORDED** **GREER**

3/20/02

561/223-8156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/01)