


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90196 046 ****61.25

DOCUMENT # 747013

1. Entity Name
TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**8000 SE PARADISE DRIVE
 STUART FL 34997-7361** **PO BOX 493
 STUART FL 34995
 US**

24068335



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2534026 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

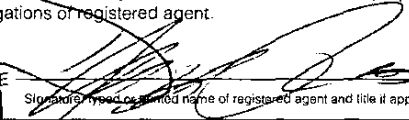
Name: **Deborah L. Ross, Esq.**

Street Address (P.O. Box Number is Not Acceptable): **ROSS Earle & Bonan, PA**

759 S. Federal Hwy. Ste. 212

City: **Stuart** FL Zip Code: **34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Deborah L. Ross** DATE: **4/27/04**

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOGELAND, JIM	
STREET ADDRESS	242 SE PARADISE PL	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEPREE, MARITA	
STREET ADDRESS	7408 SE PARADISE COURT	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGAN, GENE	
STREET ADDRESS	192 SE PARADISE PL	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREER, DONNA K	
STREET ADDRESS	7901 SE PARADISE DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HORSTMANN, WILLIAM	
STREET ADDRESS	192 SE PARADISE PL	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	OFFERDING, MARGARET	
STREET ADDRESS	212 SE PARADISE PLACE	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** DATE: **3/15/04** DAYTIME PHONE #: **772/223-8156**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR