

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90108 048 \*\*\*\*61.25



**DOCUMENT # 747013**

1. Entity Name

TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.

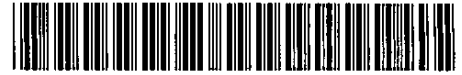
Principal Place of Business

8000 SE PARADISE DRIVE  
 STUART FL 34997-7361

Mailing Address

PO BOX 493  
 STUART FL 34995  
 US

JUUZ0003



1st MOORE CR2E037 (10/04)

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

ROSS, DEBORAH L ESQ.  
 ROSS EARLE & BONAN, PA  
 759 S. FEDERAL HWY, SUITE 212  
 STUART FL 34994

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

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**  
**Due By May 1, 2005**

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORSTMANN, WILLIAM	
STREET ADDRESS	192 SE PARADISE PLACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCUNE, BARBARA	
STREET ADDRESS	161 SE PARADISE PLACE	
CITY-ST-ZIP	STUART FL 34997	

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* DONNA K. GREER, DIR./TREAS. 3/15/05 792/223-8156  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #