

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90021 027 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2534026

Applied For

Not Applicable

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
DP	MICHAEL TOWNES	122 SE PARADISE PLACE	STUART FL 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/P	RON WALDRON	211 SE PARADISE PLACE	STUART FL 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CLAYTON PERREY	162 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"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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./TREASURER** 3/11/07 772/223-8156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #