

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747013

FILED
Apr 12, 2012
Secretary of State

Entity Name: TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7901 SE PARADISE DRIVE
STUART, FL 34997

New Principal Place of Business:

172 SE PARADISE PL
STUART, FL 34997

Current Mailing Address:

PO BOX 493
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2534026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH L ESQ.
ROSS EARLE & BONAN, PA
789 S. FEDERAL HWY, SUITE 101
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: TOWNES, MICHAEL
Address: 122 SE PARADISE PLACE
City-St-Zip: STUART, FL 34997

Title: DS
Name: KNOWLTON, DEBE
Address: 8000 SE PARADISE DR
City-St-Zip: STUART, FL 34997

Title: DVP
Name: MCCUNE, WAYNE
Address: 161 SE PARADISE PL
City-St-Zip: STUART, FL 34997

Title: DT
Name: BLACK, ELAINE
Address: 172 SE PARADISE PL
City-St-Zip: STUART, FL 34997

Title: D
Name: HORSTMANN, WILLIAM
Address: 192 SE PARADISE PL
City-St-Zip: STUART, FL 34997

Title: D
Name: BLACK, DAVID
Address: 172 SE PARADISE PL
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE BLACK

DT

04/12/2012

Electronic Signature of Signing Officer or Director

Date