

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43008 (4)

1. Corporation Name

TROPICAL ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1901 NE SAVANNAH ROAD
POST OFFICE BOX 3044 N/A
JENSEN BEACH FL 34658
US

Mailing Address

1901 NE SAVANNAH ROAD
POST OFFICE BOX 3044 N/A
JENSEN BEACH FL 34658-3044
US

3. Date Incorporated or Qualified

04/17/1991

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0256938

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTIGE PROPERTY MGMT OF MARTIN COUNTY
3125 SW MAPP ROAD
~~46 NORTH WASHINGTON BOULEVARD, SUITE 1~~
PALM CITY FL 34990

81 Name

PRESTIGE PROPERTY MGMT OF MARTIN COUNTY

82 Street Address (P.O. Box Number is Not Acceptable)

3125 SW MAPP ROAD

83

84 City

PALM CITY, FL

FL

85 Zip

34990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ARNOLD, DELEVAN J

STREET ADDRESS 340 TROPICALIA

CITY - ST - ZIP JENSEN BEACH FL

TITLE VPD ☒ DELETE

NAME THIEBAULT, MARGIE

STREET ADDRESS 338 SOUTH SEAS

CITY - ST - ZIP JENSEN BEACH FL

TITLE STD ☒ DELETE

NAME BOYLE, MARION

STREET ADDRESS 248 TIARE CIE

CITY - ST - ZIP JENSEN BEACH FL

TITLE D ☒ DELETE

NAME LETOURNEAU, EMILE

STREET ADDRESS 307 TROPICALIA

CITY - ST - ZIP JENSEN BEACH FL

TITLE D ☒ DELETE

NAME PETER SORENSON

STREET ADDRESS 622 GARDENVIEW

CITY - ST - ZIP JENSEN BEACH FL

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition

1.2 NAME ARNOLD, DELEVAN J

1.3 STREET ADDRESS 340 TROPICALIA

1.4 CITY - ST - ZIP JENSEN BEACH FL

2.1 TITLE V/P/D ☐ Change ☒ Addition

2.2 NAME WALT, BLANCHARD

2.3 STREET ADDRESS 603 SOUTH SEAS

2.4 CITY - ST - ZIP JENSEN BEACH FL

3.1 TITLE S/T/D ☐ Change ☒ Addition

3.2 NAME STACK, JIM

3.3 STREET ADDRESS 337 TIARE CIR

3.4 CITY - ST - ZIP JENSEN BEACH FL

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME LETOURNEAU, EMILE

4.3 STREET ADDRESS 307 TROPICALIA

4.4 CITY - ST - ZIP JENSEN BEACH FL

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME PETE SORENSON

5.3 STREET ADDRESS 622 GARDENVIEW

5.4 CITY - ST - ZIP JENSEN BEACH FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director
Delevan J. Arnold 2-18-97

Date Daytime Phone # 0071326

CR2E037 (9/96)