

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90081 011 ****61.25

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DOCUMENT # N43008

1. Corporation Name

TROPICAL ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1901 NE SAVANNAH ROAD
JENSEN BEACH FL 34658
US

P.O. BOX 8385
STUART FL 34995
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1901 Savannah Road NE

3. Date Incorporated or Qualified

04/17/1991

22 City & State

27 Suite, Apt. #, etc.

4. FEI Number

65-0256938

Applied For
Not Applicable

23 Zip

Country

28 City & State

Jensen Beach FL 34957

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

34957

30

Martin

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTIGE PROPERTY MGMT OF MARTIN COUNTY
7601 SW LOST RIVER ROAD
STUART FL 34995

81 Name

Condo Connection, Inc.

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

3005 SE Woodring Lane

83

84 City
Port St Lucie

FL

85 Zip Code
34952

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

Gretta Brahmigan PRES. Condo Connection Inc.

Mar. 2, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ARNOLD, DELEVAN J
STREET ADDRESS 340 TROPICALIA
CITY-ST-ZIP JENSEN BEACH FL 34957

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME LE TOURNEAU, EMILE
STREET ADDRESS 307 TROPICALIA
CITY-ST-ZIP JENSEN BEACH FL 34957

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DTD ☐ DELETE
NAME STACK, JAMES
STREET ADDRESS 337 TIARE CIR
CITY-ST-ZIP JENSEN BEACH FL 34957

3.1 TITLE Director ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STANABACK, DIXIE
STREET ADDRESS 608 TAHITI
CITY-ST-ZIP JENSEN BEACH FL 34957

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TSD ☐ DELETE
NAME BOYLES, MARION
STREET ADDRESS 343 TIARA
CITY-ST-ZIP JENSEN BEACH FL 34957

5.1 TITLE SECRETARY, TREASURER ☒ Change ☐ Addition
5.2 NAME BOYLE, MARION
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RUSSELL, WILLIAM
STREET ADDRESS 316 CARDINAL
CITY-ST-ZIP JENSEN BEACH FL 34957

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Delevan J Arnold REQUIRED

3-2-99

334-2751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)