FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 20, 2001 8:00 am Secretary of State **DOCUMENT # N43008** 1. Entity Name TROPICAL ACRES HOMEOWNERS ASSOCIATION, INC. 02-20-2001 90038 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 1901 NE SAVANNAH ROAD 1901 NE SAVANNAH ROAD PARPARAJENSEN BEACH FL 34658 JENSEN BEACH FL 34658 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0256938 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROBINSON, CONNIE J 1988 SE MONROE ST STUART FL 34997 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition Change CARLEN, JUDITH NAME NAME **614 GARDENVIEW** STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LE TOURNEAU. EMILE NAME NAME 307 TROPICALIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition STACK, JAMES NAME NAME 337 TIARE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP PD ☐ Delete TITLE Change ☐ Addition STANABACK, DIXIE NAME NAME STREET ADDRESS 608 TAHITI STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition **BOYLE, MARION** NAME NAME STREET ADDRESS 343 TIARA STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP VPD ☐ Delete TITLE Change Addition RUSSELL, WILLIAM NAME NAME 316 CARDINAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP 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:

SIGNATURE:

Date

Daytime Phone #