

4/28/98 FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000374 (0)  
1. Corporation Name  
**TROPICAL ESTATES OWNERS ASSOCIATION, INC.**



Principal Place of Business P.O. BOX 13461 GAINESVILLE FL 32604 US	Mailing Address P.O. BOX 13461 GAINESVILLE FL 32604 US
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3. Date Incorporated or Qualified 11/19/1992	
4. FEI Number 59-3160984	Applied For Not Applicable

2. Principal Place of Business 21 13151 Newberry Road Suite, Apt. #, etc. 22 City & State 23 Tioga, FL Zip 24 32669 Country 25 USA	2a. Mailing Address 26 P.O. Box 13461 Suite, Apt. #, etc. 27 City & State 28 Gainesville, FL Zip 29 32604 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DIAZ, M J 2830-A NW 41 ST GAINESVILLE FL 32606	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME DIAZ, M J STREET ADDRESS 2830-A NW 41 ST CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 13151 Newberry Road Tioga, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DIAZ, LUIS STREET ADDRESS 2830-A NW 41 ST CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 13151 Newberry Road Tioga, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MUELLER, WERNER STREET ADDRESS 145 EL PINO DR CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ZIAKAS, MEDORA STREET ADDRESS 141 TAGANANA DR CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D Evans, Miranda 194 El Pino Dr New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  Luis A. Diaz President 4-24-98 352-331-6220

CF2E037 (10/97)