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May 01, 1999 8:00 am
Secretary of State

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10/11/98

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000374

1. Corporation Name
TROPICAL ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business 13151 NEWBERRY RD TIOGA FL 32669 US	Mailing Address PO BOX 13461 GAINESVILLE FL 32604 US
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2. Principal Place of Business 21 145 EL PINO DR.	2a. Mailing Address 26 145 EL PINO DR.	3. Date Incorporated or Qualified 11/19/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3160984
City & State 23 NEW SMYRNA BCH, FL 32168	City & State 28 NEW SMYRNA BCH, FL 32168	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DIAZ, M J 2630-A NW 41 ST GAINESVILLE FL 32606		10. Name and Address of New Registered Agent 81 Name MUELLER, WERNER 82 Street Address (P.O. Box Number is Not Acceptable) 145 EL PINO DR. 83 84 City NEW SMYRNA BCH., FL 85 Zip Code 32168	
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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 *Werner Mueller* **WERNER MUELLER** *5/22/99*
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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIAZ, M J		1.2 NAME	
STREET ADDRESS 13151 NEWBERRY RD		1.3 STREET ADDRESS	
CITY-ST-ZIP TIOGA FL 32669		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIAZ, LUIS		2.2 NAME	
STREET ADDRESS 13151 NEWBERRY RD		2.3 STREET ADDRESS	
CITY-ST-ZIP TIOGA FL 32669		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE P P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUELLER, WERNER		3.2 NAME MUELLER, WERNER	
STREET ADDRESS 145 EL PINO DR		3.3 STREET ADDRESS 145 EL PINO DR	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		3.4 CITY-ST-ZIP NEW SMYRNA BCH, FL 32168	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS, MIRANDA		4.2 NAME KMITA, JOHN	
STREET ADDRESS 194 EL PINO DR		4.3 STREET ADDRESS 141 TAGANANA DR.	
CITY-ST-ZIP NEW SMYRNA BCH FL 32168		4.4 CITY-ST-ZIP NEW SMYRNA BCH, FL 32168	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME EVANS, DAVID	
STREET ADDRESS		5.3 STREET ADDRESS 194 EL PINO DR.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP NEW SMYRNA BCH, FL 32168	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE S S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME SZUMIGALA, JENNIFER	
STREET ADDRESS		6.3 STREET ADDRESS 185 EL PINO DR.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP NEW SMYRNA BCH, FL 32168	

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: *Jennifer Szumigala* **JENNIFER SZUMIGALA** *4/26/99 (904) 424-1697*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)