


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90183 027 \*\*\*\*61.25

**DOCUMENT # N92000000374**

1. Entity Name  
**TROPICAL ESTATES OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

185 EL PINO DR      185 EL PINO DR  
 NEW SMYRNA BCH FL 32168      NEW SMYRNA BCH FL 32168  
 US      US

14020344



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3160984**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SZUMIGALA, JENNIFER**  
**185 EL PINO DR**  
**NEW SMYRNA BCH FL 32168**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	SD	<input type="checkbox"/> Delete
NAME	SZUMIGALA, JENNIFER	
STREET ADDRESS	185 EL PINO DR	
CITY - ST - ZIP	NEW SMYRNA BCH FL 32168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KMITA, JOHN	
STREET ADDRESS	141 TAGANANA DR	
CITY - ST - ZIP	NEW SMYRNA BCH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, DAVID	
STREET ADDRESS	194 EL PINO DR	
CITY - ST - ZIP	NEW SMYRNA BCH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEANE, MICHAEL	
STREET ADDRESS	120 TAGANANA DR	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHELS, SCOTT	
STREET ADDRESS	170 TAGANANA DR.	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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:** *Jennifer Szumigala*      JENNIFER SZUMIGALA      4/30/04      (386)424-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #