


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90018 048 ****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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/06)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 4/30/07 386-424-1697