

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002004 (9)

1. Corporation Name

TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

37511 OAK LAKE DRIVE  
ZEPHYRHILLS FL 33541

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ZEPHYRHILLS FL 33541

3. Date Incorporated or Qualified  
04/20/1994

3a. Date of Last Report  
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2755864

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBLANC, GEORGE  
37511 OAK LAKE DRIVE  
ZEPHYRHILLS FL 33541

81 Name

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

83

84 City

FL

85 Zip Code

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

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	C	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CLARENCE	
STREET ADDRESS	37645 TRADEWIND DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	COLESTOCK, WILLIAM	
STREET ADDRESS	3229 BREEZY WAY	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOOPINGARNER, PATRICIA	
STREET ADDRESS	37537 BERMUDA DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ENGLER, LOIS	
STREET ADDRESS	37621 BERMUDA DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PERRY, ROBERT	
STREET ADDRESS	37621 BERMUDA DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENT, BEVERLY	
STREET ADDRESS	37638 TAHITIAN CT	
CITY - ST - ZIP	ZEPHYRHILLS FL	

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Price, Mary	
1.3 STREET ADDRESS	3246 Blue Lagoon Drive	
1.4 CITY - ST - ZIP	Zephyrhills, FL	
2.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, Clarence	
2.3 STREET ADDRESS	37645 Tradewind Drive	
2.4 CITY - ST - ZIP	Zephyrhills FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mary Price

*Mary Price*

2-9-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)