FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

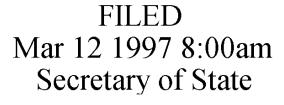
Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #
1. Corporation Name

N9400002004 (9)

TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, IN





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Principal Place of Business Mailing Address							r emotelmen men inder affett mann ander ander ander ander ander ander
37511 OAK LAKE DRIVE 37511 OAK LAKE DRIVE ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541-6840							
							3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address			····-	4. FEI Number Applied For
21			26				59-2755864 Not Applicable
Suite, Apt #, etc			Suite, Apt. #. etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State			City & State			·····	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	\perp	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25] 9. Name and Address of Curren	29	elered Asent	30			Florida Statutes Yes X No 10, Name and Address of New Registered Agent
	9. Name and Address of Current	. nogi	steled Wallt		81	Name	
LEBLANC	C, GEORGE				82		Address (P.O. Box Number is Not Acceptable)
37511 OAK LAKE DRIVE					63	0,,000,7	Addition (1. C. Dok (stilling) in 1901 Additionally
ZEPHYRI	HLLS FL 33541						
					84	City	FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.0502	and 6	617.1508, Florida Statut ida. Such change was a	es, the at	oove d by	e-named o	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	n familiar with, and accept the obliga	itions o	of, Section 617.0503, Flo	orida Stat	utes	s.	
SIGNATURE _	Signature, typed or printed name of registered agei	nt and titl	e if applicable (NOT	E: Registere	d Age	ent Bignature i	re required when reinstaing) DATE
12.	OFFICERS AND	DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C		☐ DELETE	1.1 TO	TLE		Change Addition
NAME }	1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1.2 N/	AME	}]	
STREET ADDRESS			1.3 \$1	1.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 1.4				T-ZIP		
TITLE	VC		X DELETE	2.1 TV		ł	VC Change Addition
NAME	SMITH, CLARENCE			2.2 NAME			FISHER, LEE
STREET ADDRESS	37645 TRADEWIND DRIVE			2.3 \$1	REET	ADDRESS	3220 LOTUS BLOSSOM DR.
CITY-S1-ZIP	ZEPHYRHILLS FL					ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	S DATE DATE		☐ DELETE	- 6	3.1 TITLE		Change Addition
NAME	and the tip the		3.2 N/		ADDRESS	(** - *)	
STREET ADDRESS	TEMPORE DE LA CONTRACTION DE L				ADDRESS		
CITY-ST-ZIP TITLE	T		DELETE	4.1 TI		ST-ZIP	Change Addition
NAME	ENGLE, LOIS			4.2 N		I	;
STREET ADDRESS	37621 BERMUDA DR					T ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL					ST-ZIP	1
TITLE	T		DELETE	5.1 T(et 'All'	Change Addition
NAME	PERRY, ROBERT			5.2 NJ			
STREET ADDRESS	37621 BERMUDA DR			- 8		ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL					ST-ZIP	
TITLE	T		☐ DELETE	6.1 TI			Change Addition
NAME	BENT, BEVERLY			6.2 N	ME	ľ	
STREET ADDRESS	37638 TAHITIAN CT			1		ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL			1		ST-ZIP	

14. I do 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.

MARY PRICE