


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90009 043 ****61.25

DOCUMENT # N94000002004					
1. Entity Name TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541			Mailing Address 37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541		
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 59-2755864				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEBLANC, GEORGE 37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, MARGE		NAME	FLANAGAN, WILLIAM	
STREET ADDRESS	37540 OAK LAKE DR		STREET ADDRESS	2226 BREEZY WAY	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, WILLIAM		NAME	CRAMB, DICK	
STREET ADDRESS	2226 BREEZY WAY		STREET ADDRESS	37601 OAK LAKE DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, BETTY		NAME	SEARS, MARY	
STREET ADDRESS	37629 CARRIBEAN DR.		STREET ADDRESS	37613 OAK RIDGE LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COREY, JUNE		NAME	DOWNNEY, GEORGIA	
STREET ADDRESS	37543 TRADEWIND DR		STREET ADDRESS	3227 EBBET LANDING	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAMB, DICK		NAME	GEISEL, LAWRENCE	
STREET ADDRESS	37601 OAK LAKE DR		STREET ADDRESS	37651 TRADEWIND DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, FRAN		NAME		
STREET ADDRESS	37544 POMPANO COURT		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowerers.					
SIGNATURE: <u>Margaret V. Carlson Treas</u>				Date: <u>3-20-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	