


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90008 030 \*\*\*\*61.25

**DOCUMENT # N9400002004**

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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03112007 Chg-NP CR2E037 (12/06)

City & State  
 Zip

City & State  
 Zip

4. FEI Number  
**59-2755864**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEBLANC, GEORGE  
 37511 OAK LAKE DRIVE  
 ZEPHYRHILLS, FL 33541**

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)

**Filing 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 P Delete <input type="checkbox"/>	NAME FLANAGAN, WILLIAM STREET ADDRESS 2226 BREEZY WAY CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE VP Delete <input checked="" type="checkbox"/>	NAME CRAMB, DICK STREET ADDRESS 37601 OAK LAKE DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE T Delete <input checked="" type="checkbox"/>	NAME MUELLER, BETTY STREET ADDRESS 37629 CARRIBEAN DR. CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE S Delete <input type="checkbox"/>	NAME COREY, JUNE STREET ADDRESS 37543 TRADEWIND DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE T Delete <input type="checkbox"/>	NAME GEISEL, LAURENCE STREET ADDRESS 37651 TRADEWIND DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE T Delete <input type="checkbox"/>	NAME SAWYER, FRAN STREET ADDRESS 37544 POMPANO COURT CITY-ST-ZIP ZEPHYRHILLS, FL 33541

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME CROWLEY, JOHN STREET ADDRESS 37601 BIRMINI DRIVE CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE T Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME HOWARD, BILL STREET ADDRESS 332 BREEZY WAY CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE T Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME WILSON, GRANT STREET ADDRESS 37517 POMPANO CT CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE T Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME CLOUGH, JEN STREET ADDRESS 37702 CARIBBEAN DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE T Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME KUHN, ED STREET ADDRESS 37546 BERMUDA DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541
TITLE T Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME HUNTON, ANN STREET ADDRESS 3151 BLUE LAGOON CITY-ST-ZIP ZEPHYRHILLS, FL 33541

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 empowered.

SIGNATURE: *John F. Crowley* **JOHN F. CROWLEY** 3/26/07 813-715-7141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #