


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90052 019 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

01152008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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

I, 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, 2008**

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	P FLANAGAN, WILLIAM 2226 BREEZY WAY ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROWLEY, JOHN 37801 BIMINI DRIVE ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, BILL 332 BREEZY WAY ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COREY, JUNE 37543 TRADEWIND DR ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUHN, ED 37546 BERMUDA DR ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNTOON, ANN 3151 BLUE LAGOON ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COREY, JUNE 37543 TRADEWIND DR ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWLEY, JOHN 37601 BIMINI DR ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, GRANT 37517 POMPANO CT ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELFRIDGE, CAROL 37625 TRADEWIND DRIVE ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEACH, CONNIE 37551 BIMINI DRIVE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILTON, GALE 3221 BREEZY WAY ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Carol A. Selfridge Date: 4/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #