2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400002004

FILED Feb 12, 2009 Secretary of State

Entity Name: TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541 **Current Mailing Address: New Mailing Address:** 37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541 FEI Number: 59-2755864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEBLANC, GEORGE 37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JUNE, COREY WILSON, GRANT Name: Name: 37543 TRADEWIND DR. Address: 37517 POMPANO COURT Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ZEPHYRHILLS, FL 33541 Title: Title: SEC (X) Change () Addition () Delete CROWLEY, JOHN Name: MANCUSO, MARY Name: Address: 37601 BIMINI DR. Address: 37629 BERMUDA DRIVE City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ZEPHYRHILLS, FL 33541 Title: () Delete Title: () Change () Addition HOWARD, BILL Name: Name: 332 BREEZY WAY Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: () Delete Title: Title: TRE (X) Change () Addition Name: SELFRIDGE, CAROL Name: ROBRAHN, MARY Address: 37625 TRADEWIND DRIVE Address: 37641 BIMINI DRIVE City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ZEPHYRHILLS, FL 33541 Title: () Delete Title: () Change () Addition LEACH, CONNIE Name: Name: 37551 BIMIM DRIVE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: Title: () Delete Title: (X) Change () Addition HILTON, GALE HILTON, GALE Name: Name: Address: 3221 BREEZY WAY Address: 3221 BREEZY WAY ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRANT WILSON P 02/12/2009