

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748671** (5)

1. Corporation Name

TROPIC VILLAS NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**1170 SIXTH AVE
VERO BCH FL 32960**

Mailing Address

**1170 SIXTH AVE
VERO BCH FL 32960**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1979		3a. Date of Last Report 05/31/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1971217		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**→MUIR, LORETTA
1170 6TH AVE
VILLA 14C
VERO BCH FL 32960**

10. Name and Address of New Registered Agent

81 Name	Muir, Loretta		
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAUMANN, STEVE			1.2 NAME	Linda Cartwright		
STREET ADDRESS	1170 6TH AVE VILLA 14D			1.3 STREET ADDRESS	1170 6th Ave. 2B		
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-ST-ZIP	VERO BEACH, FL		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ADESSA, JOE			2.2 NAME	Steve Naumann		
STREET ADDRESS	1170 6TH AVE 10A			2.3 STREET ADDRESS	1170 6th Ave., 14D		
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP	VERO BEACH, FL		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	LORETTA S Muir	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUIR, LORETTA			3.2 NAME	1170 6th Ave 14C		
STREET ADDRESS	1170 6TH AVE 14C			3.3 STREET ADDRESS	VERO BEACH FL 32960		
CITY-ST-ZIP	VERO BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACOB, BOB			4.2 NAME	Bob Calhoun		
STREET ADDRESS	1170 6TH AVE 26A			4.3 STREET ADDRESS	1170 6th Ave., 20 D		
CITY-ST-ZIP	VERO BEACH FL			4.4 CITY-ST-ZIP	VERO BEACH, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARTWRIGHT, LINDA			5.2 NAME	Floyd Lankford		
STREET ADDRESS	1170 6TH AVE 2B			5.3 STREET ADDRESS	1170 6th Ave., 3A		
CITY-ST-ZIP	VERO BCH. FL			5.4 CITY-ST-ZIP	VERO BEACH, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICHARDSON, HAROLD			6.2 NAME	Leo Landry		
STREET ADDRESS	1170 6TH AVE 7A			6.3 STREET ADDRESS	1170 6th Ave, 3B		
CITY-ST-ZIP	VERO BEACH FL			6.4 CITY-ST-ZIP	VERO BEACH, FL		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/96

Date

Daytime Phone #

CR2E037 (3/96)