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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43008

1. Corporation Name
TROPICAL ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1901 NE SAVANNAH ROAD JENSEN BEACH FL 34658 U.S.	Mailing Address PO BOX 3385 STUART FL 34995
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3. Date Incorporated or Qualified 04/17/1991	4. FEI Number 65-0256938	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 1901 NE SAVANNAH ROAD Suite, Apt. #, etc. 22 City & State 23 JENSEN BEACH FL Zip 24 34658	2a. Mailing Address 26 PO BOX 3385 Suite, Apt. #, etc. 27 City & State 28 STUART FL Zip 29 34995	Country 25 USA 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PRESTIGE PROPERTY MGMT OF MARTIN COUNTY
7601 SW LOST RIVER ROAD
STUART FL 34995

10. Name and Address of New Registered Agent

81 Name PRESTIGE PROPERTY MANAGEMENT OF MARTIN CO.	82 Street Address (P.O. Box Number is Not Acceptable) 7601 SW LOST RIVER ROAD	83	84 City STUART	85 Zip Code FL 34995
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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 accepting obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Sandra B. Mortham, Acting Agent* DATE *3/19/98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARNOLD, DELEVAN
1.3 STREET ADDRESS	340 TROPICALIA
1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LE TOURNEAU, EMILE
2.3 STREET ADDRESS	307 TROPICALIA
2.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
3.1 TITLE	/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STACK, JAMES
3.3 STREET ADDRESS	337 TIARA
3.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STANABACK, DUXIE
4.3 STREET ADDRESS	608 TAHITI
4.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
5.1 TITLE	T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOYLES, MARION
5.3 STREET ADDRESS	343 TIARA
5.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RUSSELL, WILLIAM
6.3 STREET ADDRESS	316 CARDINAL
6.4 CITY-ST-ZIP	JENSEN BEACH FL 34957

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Delevan J. Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)