

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715371

Entity Name: TROPIC HARBOR ASSOCIATION, INC.

Current Principal Place of Business:

800 TROPIC ISLE DRIVE
DELRAY BEACH, FL 33483

Current Mailing Address:

800 TROPIC ISLE DRIVE
DELRAY BEACH, FL 33483

FEI Number: 59-1310055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOLLENGARDEN, PETER C.
9121 NO. MILITARY TRAIL
SUITE 2000
PALM BEACH GARDENS, FL 33410 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: PETER C. MOLLENGARDEN

04/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name AFFRUNTI, MARTHA
Address 3421 SPANISH TRAIL
328
City-State-Zip: DELRAY BEACH FL 33483

Title VP
Name DEANGELIS, GEORGE VP
Address 951 SPANISH CIRCLE
340
City-State-Zip: DELRAY BEACH FL 33483

Title TREASURER
Name KEENAN, FRANK
Address 921 SPANISH CIRCLE
335
City-State-Zip: DELRAY BEACH FL 33483

Title 2ND VP
Name MAHER, LAURIE
Address 951 SPANISH CIRCLE
445
City-State-Zip: DELRAY BEACH FL 33483

Title 3RD VP
Name SUTPHEN, KATHY
Address 3301 SPANISH TRAIL
107
City-State-Zip: DELRAY BEACH FL 33483

Title SECRETARY
Name SHELL, VALERIE
Address 3411 SPANISH TRAIL
221
City-State-Zip: DELRAY BEACH FL 33483

Title ASST. TREASURER
Name ZULLO, LUCILLE
Address 921 SPANISH CIRCLE
237
City-State-Zip: DELRAY BEACH FL 33483

I hereby 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 all other like empowered.

SIGNATURE: MARTHA AFFRUNTI

PRESIDENT

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date