

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747013

**Entity Name:** TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

172 SE PARADISE PL  
STUART, FL 34997

**FILED**  
**Apr 10, 2017**  
**Secretary of State**  
**CC4594714904**

**Current Mailing Address:**

PO BOX 493  
STUART, FL 34995 US

**FEI Number: 59-2534026**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSS, DEBORAH LESQ.  
ROSS EARLE & BONAN, PA  
789 S. FEDERAL HWY, SUITE 101  
STUART, FL 34994 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: DEBORAH ROSS**

**04/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name BLACK, DAVID R  
Address 172 SE PARADISE PLACE  
City-State-Zip: STUART FL 34997

Title DS  
Name VENTIMIGLIA, TERESA  
Address 222 SE PARADISE PL  
City-State-Zip: STUART FL 34997

Title DVP  
Name MCCUNE, WAYNE  
Address 161 SE PARADISE PL  
City-State-Zip: STUART FL 34997

Title DT  
Name BLACK, ELAINE  
Address 172 SE PARADISE PL  
City-State-Zip: STUART FL 34997

Title D  
Name TOWNES, MIKE  
Address 122 SE PARADISE PL  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name SCHMIDT, RICK  
Address 202 SE PARADISE PL  
City-State-Zip: STUART FL 34997

*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: ELAINE BLACK**

**TREASURER**

**04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date