

2021 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

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

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP	Title	DS
Name	BLACK, DAVID	Name	VENTIMIGLIA, TERESA
Address	172 SE PARADISE PL	Address	222 SE PARADISE PL
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	DVP	Title	DT
Name	VENTIMIGLIA, SALVATORE	Name	BLACK, ELAINE
Address	222 SE PARADISE PL	Address	172 SE PARADISE PL
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	D	Title	DIRECTOR
Name	ANDERSON, DOREEN	Name	HAMILL, FRANK
Address	162 SE PARADISE PL	Address	121 SE PARADISE PL
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	DIRECTOR		
Name	GREER, CHARLES		
Address	7901 SE PARADISE DR		
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: BLACK ELAINE

TREASURER

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date