

2018 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

04/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name VENTIMIGLIA, SALVATORE
Address 212 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 GREER, CHARLIE
Address 7901 SE PARADISE DR
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 BLACK, DAVID
Address 172 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

04/15/2018

Electronic Signature of Signing Officer/Director Detail

Date