

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747013

FILED
Mar 27, 2014
Secretary of State
CC2259228497

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:

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 KNOWLTON, DEBE
Address 8000 SE PARADISE DR
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 HORSTMANN, WILLIAM
Address 192 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

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

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date