

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747013

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

**Current Principal Place of Business:**

162 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

04/18/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP	Title	DS
Name	ANDERSON, DOREEN	Name	KEARNS, SHARON
Address	162 SE PARADISE PL	Address	142 SE PARADISE PL
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	DVP	Title	DT
Name	TOWNES, MIKE	Name	GREER, DONNA
Address	122 SE PARADISE PLACE	Address	7901 SE PARADISE DRIVE
City-State-Zip:	STUART FL 34997	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:** DONNA GREER

**DIRECTOR/TREASURER**

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date