2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004497

Entity Name: TROPICAL ISLES UTILITIES CORPORATION

Current Principal Place of Business:

281 TROPICAL ISLES CIRCLE
FT PIERCE, FL 34982

Current Mailing Address:

281 TROPICAL ISLES CIRCLE
FT PIERCE, FL 34982

FEI Number: 65-1129116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDANIEL, GEORGE
281 TROPICAL ISLES CIRCLE
FORT PIERCE, FL 34982 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	PRES		Title	TREASURER
Name	ROBERTS, JOSEPH		Name	CIMINO, ANTHONY
Address	516 THAMES BLUFF RIDGE		Address	232 SANDY BOTTOM PLACE
City-State-Zip:	FORT PIERCE FL 34982		City-State-Zip:	FORT PIERCE FL 34982
Title	DIRECTOR		Title	SECRETARY
Name	COURTMANCHE, RUSSEL		Name	PATTISON, GEORGE
Address	337 SEAHORSE TERRACE		Address	314 TROPICAL ISLES CIRCLE
City-State-Zip:	FORT PIERCE FL 34982		City-State-Zip:	FORT PIERCE FL 34982
Title	DIRECTOR		Title	DIRECTOR
Name	STEUART, JOHN		Name	ZIGMAN, FRANK
Address	498 THAMES BLUFF RIDGE		Address	475 THAMES BLUFF RIDGE
City-State-Zip:	FORT PIERCE FL 34982		City-State-Zip:	FORT PIERCE FL 34982
Title	DIRECTOR			
Name	DUBE, PATRICK			
Address	232 TRAVIS CAY PL			
City-State-Zip:	FORT PIERCE FL 34982			

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: ANTHONY CIMINO   TREASURER   03/07/2024

Electronic Signature of Signing Officer/Director Detail   Date