

2022 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
Name MCDANIEL, GEORGE R
Address 497 HEMINGWAY TERRACE
City-State-Zip: FT PIERCE FL 34982

Title TREASURER
Name CIMINO, ANTHONY
Address 232 SANDY BOTTOM PLACE
City-State-Zip: FORT PIERCE FL 34982

Title SECRETARY
Name PATTISON, GEORGE
Address 314 TROPICAL ISLES CIRCLE
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR
Name ZIGMAN, FRANK
Address 475 THAMES BLUFF RIDGE
City-State-Zip: FORT PIERCE FL 34982

Title V-P
Name ROBERTS, JOSEPH
Address 516 THAMES BLUFF RIDGE
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR
Name COURTMANCHE, RUSSEL
Address 337 SEAHORSE TERRACE
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR
Name STEUART, JOHN
Address 498 THAMES BLUFF RIDGE
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: GEORGE MC DANIEL**PRESIDENT****02/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date