

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20650

Entity Name: TROPICAL EAST HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2745 TROPICAL EAST CIRCLE
PORT SAINT LUCIE, FL 34952**Current Mailing Address:**2745 TROPICAL EAST CIRCLE
PORT ST. LUCIE, FL 34952**FEI Number:** 65-0058100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, DEBORAH L. ESQ.
ROSS EARLE & BONAN, P.A.
789 S. FEDERAL HIGHWAY 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 L. ROSS

03/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | PRESIDENT |
| Name | LYONS, DAN |
| Address | 2543 TROPICAL EAST CIR |
| City-State-Zip: | PORT SAINT LUCIE FL 34952 |

| | |
|-----------------|---------------------------|
| Title | T |
| Name | HANNA, JON |
| Address | 2545 TROPICAL EAST CIRCLE |
| City-State-Zip: | PORT SAINT LUCIE FL 34952 |

| | |
|-----------------|------------------------------|
| Title | DIRECTOR |
| Name | WHITE, MARY |
| Address | 2514 SE TROPICAL EAST CIRCLE |
| City-State-Zip: | PORT SAINT LUCIE FL 34952 |

| | |
|-----------------|---------------------------|
| Title | S |
| Name | RINALDO, PATRICIA |
| Address | 2639 TROPICAL EAST CIR |
| City-State-Zip: | PORT SAINT LUCIE FL 34952 |

| | |
|-----------------|------------------------------|
| Title | VP |
| Name | REEKIE, ROBERT |
| Address | 2627 SE TROPICAL EAST CIRCLE |
| City-State-Zip: | PORT ST. LUCIE FL 34952 |

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: DAN LYONS

PRESIDENT

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date