

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43008

Entity Name: TROPICAL ACRES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1901 NE SAVANNAH ROAD
JENSEN BEACH, FL 34658**Current Mailing Address:**1111SE FEDERAL HIGHWAY
SUITE 100
STUART, FL, FL 34994 US**FEI Number:** 65-0256938**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KERT, LORRAINE H
1111SE FEDERAL HWY
SUITE 100
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	D
Name	PETERMAN, KATHLEEN
Address	611 SOUTH SEAS
City-State-Zip:	JENSEN BEACH FL 34957

Title	VPD
Name	LEIGHTON, FRED
Address	602 SOUTH SEAS
City-State-Zip:	JENSEN BEACH FL 34957

Title	D
Name	LETOURNEAU, EMILE
Address	307 TROPICALIA
City-State-Zip:	JENSEN BEACH FL 34957

Title	PD
Name	STANABACK, DIXIE
Address	603 TAHITA
City-State-Zip:	JENSEN BEACH FL 34957

Title	TD
Name	LOZINSKI, ROBERT
Address	620 TAHITA
City-State-Zip:	JENSEN BEACH FL 34957

Title	SD
Name	ARNOLD, JACQUE
Address	339 TIARE
City-State-Zip:	JENSEN BEACH FL 34957

Title	D
Name	SCHROTH, RONALD
Address	616 TAHITI
City-State-Zip:	JENSEN BEACH FL 34957

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: DIXIE STANABACK**PRESIDENT****03/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date