
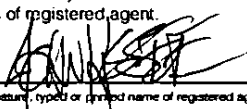
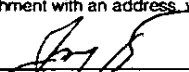


FILED

2007 NOV -9 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700261				FILED 2007 NOV -9 PM 1:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name TROPICAL POINT IMPROVEMENT ASSOCIATION, INC.		Principal Place of Business 636 SW 8TH TERR FT LAUDERDALE, FL 33315		Mailing Address 636 SW 8TH TERR FT LAUDERDALE, FL 33315	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		08202007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 23-7033326	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KISSEE, JOHN 636 SW 8TH TERR. FORT LAUDERDALE, FL 33315				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 9/25/07 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVIS, SUZANNE 649 SW 8TH TERRACE FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVE BUCKINGHAM 628 S.W. 8TH TERRACE FT LAUDERDALE FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KISSEE, JOHN 636 SW 8 TERRACE FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACE DICK 660 SW 8TH TERR FT LAUDERDALE FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REVIS, SUZANNE 649 SW 8 TERRACE FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000112505860 11/21/07--01026--001 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OREMAN, JAY 636 SW 8 TERRACE FT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, REIN 601 SW 8 TERRACE FT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DREMAN, JAY 636 SW 8TH TERRACE FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAY OREMAN 636 S.W. 8TH TERRACE FT LAUDERDALE FL 33315	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		JAY OREMAN		8/23/07 954-816-9917	

11/14/20