

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704781 (4)

1. Corporation Name

TROPICAL SHORES MANOR & VENETIAN PARK IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

11820 WATTS CT.  
TAVARES FL 32778-4733  
US

11820 WATTS CT.  
TAVARES FL 32778-4733  
US

3. Date Incorporated or Qualified

11/07/1962

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6210270

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACHTJEN, DOLORES L.  
11820 WATTS COURT  
TAVARES FL 32778

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SACHTJEN, DOLORES L.  
STREET ADDRESS 11820 WATTS CT.  
CITY-ST-ZIP TAVARES FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME KROOK, EERO  
STREET ADDRESS 31923 TROPICAL SHORE DR  
CITY-ST-ZIP TAVARES FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DAVIS, JANET  
STREET ADDRESS 31949 TROPICAL SHORES DR  
CITY-ST-ZIP TAVARES FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME OGLESBY, HOWARD  
STREET ADDRESS 31837 TROPICAL SHORES  
CITY-ST-ZIP TAVARES FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME OBERLANDER, ROBERT M.  
STREET ADDRESS 31927 TROPICAL SHORES DR.  
CITY-ST-ZIP TAVARES FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ST ☐ DELETE

NAME TAVERNIER, DOROTHY  
STREET ADDRESS 31944 TROPICAL SHORES  
CITY-ST-ZIP TAVARES FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (352) 343-0643  
Date Daytime Phone #

CR2E037 (12/95)