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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704781 (4)

1. Corporation Name

TROPICAL SHORES MANOR & VENETIAN PARK IMPROVEMEN
T ASSOCIATION, INC.

Principal Place of Business

11820 WATTS CT.
TAVARES FL 32778-4733
US

Mailing Address

11820 WATTS CT.
TAVARES FL 32778-4733
US

2. Principal Place of Business

21 31941 Tropical Shores Dr
Suite, Apt. #, etc.22 Tavares, FL
City & State23 Tavares, FL
Zip Country

24 32778 25 US

2a. Mailing Address

26 31941 Tropical Shores Dr
Suite, Apt. #, etc.27 Tavares, FL
City & State28 Tavares, FL
Zip Country

29 32778 30 US

3. Date Incorporated or Qualified
11/07/19623a. Date of Last Report
02/06/1996

4. FEI Number

59-6210270

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SACHTJEN, DOLORES L.
11820 WATTS COURT
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name

Judy A. Whaley

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

31941 Tropical Shores Dr

83

84 City

Tavares

FL

85 Zip Code

32778

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

Judy A. Whaley, President (Judy A. Whaley) 2-14-97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME SACHTJEN, DOLORES L.
STREET ADDRESS 11820 WATTS CT.
CITY-ST-ZIP TAVARES FLTITLE D ☒ DELETE
NAME KROOK, EERO
STREET ADDRESS 31923 TROPICAL SHORE DR
CITY-ST-ZIP TAVARES FLTITLE D ☐ DELETE
NAME DAVIS, JANET
STREET ADDRESS 31949 TROPICAL SHORES DR
CITY-ST-ZIP TAVARES FLTITLE D ☒ DELETE
NAME OGLESBY, HOWARD
STREET ADDRESS 31837 TROPICAL SHORES
CITY-ST-ZIP TAVARES FLTITLE V ☒ DELETE
NAME OBERLANDER, ROBERT M.
STREET ADDRESS 31927 TROPICAL SHORES DR.
CITY-ST-ZIP TAVARES FLTITLE ST ☐ DELETE
NAME TAVERNIER, DOROTHY
STREET ADDRESS 31944 TROPICAL SHORES
CITY-ST-ZIP TAVARES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME WHALEY, JUDY A.
1.3 STREET ADDRESS 31941 Tropical Shores Dr
1.4 CITY-ST-ZIP Tavares, FL 327782.1 TITLE ☒ (D) FULLER, CHELLY ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 32000 Tropical Shores Dr
2.4 CITY-ST-ZIP Tavares, FL 327783.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☒ (D) YAUSSEY, SHARON ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS 31730 Tropical Shores Dr
4.4 CITY-ST-ZIP Tavares, FL 327785.1 TITLE V ☐ Change ☒ Addition
5.2 NAME CUSHMAN, Jim
5.3 STREET ADDRESS 31810 Tropical Shores Dr
5.4 CITY-ST-ZIP Tavares, FL 327786.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Judy A. Whaley, President (Judy A. Whaley) 2-14-97 352-343-8426
Signature typed or printed name of signing officer or director Date Daytime Phone 0014870

CR2E037 (9/96)