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· NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FI ORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

704781

(4)

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

Principal Place of Business

Mailing Address

31941 TROPICAL SHORES DRIVE TAVARES FL 32778 US

31941 TROPICAL SHORES DRIVE

3. Date Incorporated or Qualified

**FILED** 

May 20 1998 8:00am

Secretary of State

VARES FL 32778	TAVARES FL 32778		11/07/1962			
<b>,</b>	US	US		Applied For		
			59-6210270	Not Applicable		
Principal Place of Business	26. Mailing Address 25.D-26.31927 /ropical	Shores Dr.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt #, etc.	Suite, Apt. #, etq		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State TAVAYES FL.	City & State  28 TAVAYES FL	_	7. Is this nonprofit corporation a homeown. Yes	ers association?		
Zip Country 25 25 25 25 25 25 25 25 25 25 25 25 25	KA Zip Cou	untry ISA	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible  Yes No		
9. Name and Address of Cur		10. Name and Address of New Registered Agent				
		81 Nam	ert Oberlander			
WHALEY, JUDY A. 31941 TROPICAL SHORES DRIVE		82 Street Addres	ess (P.O. Box Number is Not Acceptable)	Dr		
TAVARES FL 32778		63				
		84 City A V	Ares F	L 85 Zip Code 32778		
<ol> <li>Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the object.</li> </ol>	tate of Florida. Such ch <b>ange was a</b> uthorize	ed by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered appointment as registered		
Magain. I do it restricted that it do to be a complete to be			A	_ /		

agent.	. I am <b>fa</b> miliar with,	and accept the obligations of, Section	on 617. <b>0503, F</b> lo	orida Statutes.	.0 .	A		
SIGNATUE	E BOBERT	OBERLANDER PRESID	ENT A	2 Car	Phu	lande.	5-8-5	8
Olditaloi	Signature, typod or p	orinfud name of registered agent and title II applical	ble. (NOTE	E: Registered Agent si	gnaturo required w	vhen reinsteting)	DATË	
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	RS IN 12
TITLE	5		DELETE	1.1 TITLE	Pre	SIZENT	Change	. □ A

				· · · · · · · · · · · · · · · · · · ·		
TITLE	P	DELETE	1.1 TITLE	President	Change	☐ Addition
NAME	WHALEY, JUDY A.		1.2 NAME	Kobert Ober LANder	*	
STREET ADDRESS	31941 TROPICAL SHORES DRIVE		1.3 STREET ADDRESS	31927 Tropical Shores	Dr.	
CITY-ST-ZIP	TAVARES FL		1.4 CITY-ST-ZIP	TAVAYES FL. 32778		
TITLE	D	DELETE	2.1 TITLE	Director	<b>Change</b>	☐ Addition
NAME	FULLER, CHELLY		2.2 NAME	Howard Caleshu		
STREET ADDRESS	32000 TROPICAL SHORES DRIVE		2.3 STREET ADDRESS	31838 Tropical Shores	Ur	
CITY-ST-ZIP	TAVARES FL		2. 4 CITY-ST-ZIP	TAVAres FL 32778		
TITLE	D	DELETE	3.1 TITLE	Director	Change	☐ Addition
NAME	DAVIS, JANET		3.2 NAME	Ruth Mendows	_	
STREET ADDRESS	31949 TROPICAL SHORES DR		3.3 STREET ADDRESS	31931 Tropiant Shores	Dr	
CITY-ST-ZIP	TAVARES FL		3.4. CITY-ST-ZIP	TAVAYES FL. 32778		
TITLE	D	DELETE	4.1 TITLE	Director	Change Change	Addition
NAME	YAUSSY, SHARON		4. 2 NAME	Dill Raniek	^	
STREET ADDRESS	31730 TROPICAL SHORES DRIVE	,	4.3 STREET ADDRESS	31947 Tropical Shore	s Wr.	
CITY-ST-ZIP	TAVARES FL		4.4 CITY-ST-ZIP	TAVAYES F1. 32778		
TITLE	V	DELETE	5.1 TITLE	VILE President	Change	☐ Addition
NAME	CUSHMAN, JIM		5.2 NAME	DONNA HAWTHOLDE	~	
STREET ADDRESS	31810 TROPICAL SHORES DRIVE		5.3 STREET ADDRESS	31815 TropieAL Shores	Dr.	
CITY-ST-ZIP	TAVARES FL		5.4 CITY - ST - ZIP	TAVAYES FL. 32778	N2 4.	T-14.1mi
TITLE	\$T	☐ DELETE	6.1 TITLE	Secretary Treasure	Change	Addition
NAME	TAVERNIER, DOROTHY		6.2 NAME	Dolores Snehtien		
STREET ADDRESS	31944 TROPICAL SHORES		6.3 STREET ADDRESS	11820 WATTS CT.		

1 Invales FL
2 Invales FL
3 2 7 Invales FL
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