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Apr 21, 1999 8:00 am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 704781

1. Corporation Name

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

Principal Place of Business

31927 TROPICAL SHORES DR
 TAVARES FL 32778
 US

Mailing Address

31927 TROPICAL SHORES DR
 TAVARES FL 32778
 US



2. Principal Place of Business

21 31941 Tropical Shores Dr
 Suite, Apt. #, etc.

2a. Mailing Address

26 31941 Tropical Shores Dr
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/07/1962

4. FEI Number

59-6210270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

23 Tavares FL

City & State

28 Tavares FL

Zip

Country

24 32778

25 U.S.A.

Zip

Country

29 32778

30 USA

9. Name and Address of Current Registered Agent

OBERLANDER, ROBERT
 31927 TROPICAL SHORES DR
 TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name

Whaley, Judy

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

Judy Whaley

Judy Whaley, Sec-Treas

4-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | OBERLANDER, ROBERT | |
| STREET ADDRESS | 31927 TROPICAL SHORES DR | |
| CITY-ST-ZIP | TAVARES FL 32778 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OGLESBY, HOWARD | |
| STREET ADDRESS | 31838 TROPICAL SHORES DR | |
| CITY-ST-ZIP | TAVARES FL 32778 | |

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MEADOWS, RUTH | |
| STREET ADDRESS | 31931 TROPICAL SHORES DR | |
| CITY-ST-ZIP | TAVARES FL 32778 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RERICK, BILL | |
| STREET ADDRESS | 31947 TROPICAL SHORES DR | |
| CITY-ST-ZIP | TAVARES FL 32778 | |

| | | |
|----------------|--------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | HAWTHORNE, DONNA | |
| STREET ADDRESS | 31815 TROPICAL SHORES DR | |
| CITY-ST-ZIP | TAVARES FL 32778 | |

| | | |
|----------------|-------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | SACHTJEN, DOLORES | |
| STREET ADDRESS | 11820 WATTS CT | |
| CITY-ST-ZIP | TAVARES FL 32778 | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | Pres | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | milmine, DON | |
| 1.3 STREET ADDRESS | 31945 Tropical Shores Dr | |
| 1.4 CITY-ST-ZIP | TAVARES, FL 32778 | |

| | | |
|--------------------|--|---|
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------|--|
| 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Oberlander, Bob | |
| 3.3 STREET ADDRESS | 31927 Tropical Shores Dr | |
| 3.4 CITY-ST-ZIP | TAVARES FL 32778 | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------|--|
| 5.1 TITLE | Vice Pres | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Stewart, Betty | |
| 5.3 STREET ADDRESS | 31937 Tropical Shores Dr | |
| 5.4 CITY-ST-ZIP | TAVARES FL 32778 | |

| | | |
|--------------------|--------------------------|--|
| 6.1 TITLE | Sec-Treas | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Whaley, Judy | |
| 6.3 STREET ADDRESS | 31941 Tropical Shores Dr | |
| 6.4 CITY-ST-ZIP | TAVARES FL 32778 | |

14. I 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, with all other like empowered.

SIGNATURE: Judy Whaley DATE: 4-19-99 352-343-8426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)