


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90025 018 ****70.00

DOCUMENT # 712277		
1. Entity Name TROPIC ISLE PROPERTY OWNERS ASSOCIATION, INC.		

Principal Place of Business P O BOX 1872 PALMETTO, FL 34220-3427 US	Mailing Address P O BOX 1872 PALMETTO, FL 34220-3427 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

000043000



03092008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2264175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GANNON, CHARLES J TREAS. 2865 TRINIDAD WAY PALMETTO, FL 34221-3427	7. Name and Address of New Registered Agent Name Kay LYNN DUNCAN Street Address (P.O. Box Number is Not Acceptable) 2805 13th Street West City Palmetto FL 34221
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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 **Kay LYNN DUNCAN, President Kay Lynn Duncan** 4/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JANICE DIRECTOR corresponding Secy. 2851 TRINIDAD WAY PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Southerst, Vice P. 1309 28th Ave Dr. West Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, KAY LYNN PRESIDE 2805 13TH ST. W. PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phyllis A. Smith, Secy. 1384 28th Ave Dr. W. Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICCOLY, ROBERT VICE PR 1306 28TH AVE. DR. W. PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rita Collins Treasurer 2803 12th St. West Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPARLING, DOROTHY SECY. 3008 13TH STREET WEST PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lance Linke, Dir. 2814 Trinidad Way Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FAULKNER, ELAINE A SEC 2805 12TH STREET WEST PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry Mobley, Dir. 2847 Trinidad Way Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUEGER, FLORRETTA DIRECTO 2807 12TH STREET WEST PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicki Massaro, Dir. 2841 Trinidad Way Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Kay Lynn Duncan** 4/14/08 517-420-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #