

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 # 715371 (1)

1. Corporation Name
TROPIC HARBOR ASSOCIATION, INC.



Principal Place of Business: 800 TROPIC ISLE DRIVE, DELRAY BEACH FL 33483
Mailing Address: 800 TROPIC ISLE DRIVE, DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 10/07/1968
3a. Date of Last Report: 01/20/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt #, etc.		Suite, Apt. #, etc.		59-1310055	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	30	Country		<input type="checkbox"/>	
24	Country			8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CLARKE, BEN 800 TROPIC ISLE DR. DELRAY BCH. FL 33483		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKER, WILLIAM H.	12 NAME	WESTBY, JAMES M.
STREET ADDRESS	800 TROPIC ISLE DR.	13 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRENER, JOHN V	22 NAME	
STREET ADDRESS	800 TROPIC ISLE DR.	23 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	24 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	31 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICKER, JOHN	32 NAME	HOLT, EVERETT
STREET ADDRESS	800 TROPIC ISLE DR.	33 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	34 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIESKOWSKI, MARY	42 NAME	
STREET ADDRESS	800 TROPIC ISLE DR.	43 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 00000	44 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	51 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITS, ADDISON	52 NAME	TALCOTT, WILLIAM
STREET ADDRESS	800 TROPIC ISLE DR.	53 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 00000	54 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	61 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAPP, ELEANOR	62 NAME	O'BRIEN, JANET
STREET ADDRESS	800 TROPIC ISLE DR.	63 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH. FL	64 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: James M. Westby 1/19/96 407-278-8192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 JAMES M. WESTBY, PRESIDENT

CR2E037 (12/95)