

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-11-2001 90315 006 ****61.25

DOCUMENT # 715371

1. Entity Name

TROPIC HARBOR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

800 TROPIC ISLE DRIVE
 DELRAY BEACH FL 33483

800 TROPIC ISLE DRIVE
 DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1310055

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE SOUTH
9TH FLOOR
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when releasing)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	MURRAY, JAMES	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	☒ Delete
NAME	TALCOTT, WILLIAM	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	☒ Delete
NAME	KRENER, JOHN	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	☒ Delete
NAME	KATZ, IRVING	
STREET ADDRESS	800 TROPIC ISLE DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	F	☒ Change ☐ Addition
NAME	Ritchie, Betty	
STREET ADDRESS	3401 Spanish Trail #151G	
CITY-ST-ZIP	DeLray Beach FL 33483	
TITLE	V	☒ Change ☐ Addition
NAME	Cappelba, Joe	
STREET ADDRESS	3301 Spanish Trail #101	
CITY-ST-ZIP	DeLray Beach FL 33483	
TITLE	V (2nd)	☒ Change ☐ Addition
NAME	Grimes, James	
STREET ADDRESS	3351 Spanish Trail #111	
CITY-ST-ZIP	DeLray Bch FL 33483	
TITLE	V (3rd)	☒ Change ☐ Addition
NAME	Kennett, C.H.	
STREET ADDRESS	3401 Spanish Trail #152	
CITY-ST-ZIP	DeLray Bch FL 33483	
TITLE	T	☐ Change ☒ Addition
NAME	Lay, Bonnie	
STREET ADDRESS	3421 Spanish Trail #325	
CITY-ST-ZIP	DeLray Bch FL 33483	
TITLE	S	☐ Change ☒ Addition
NAME	Wiblon, Patricia	
STREET ADDRESS	951 Spanish Cir. #440	
CITY-ST-ZIP	DeLray Beach FL 33483	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 561-248-8192

Date

Daytime Phone #

* not director or trustee