2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
03-06-2002 90055 032 ****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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1310055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RITAHIE, BETTY 3401 SPANISH TRAIL #151G DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kennett, C H 3401 Spanish Trail # G-152 Delray Beach FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAPPELLA, JOE 3301 SPANISH TRAIL #101 DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Troiano, Mike 3401 Spanish Trail # E 406 Delray Beach FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VD GRIMES, VANES 3351 SPANISH TRAIL #111 DELRAY BEACH FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD (2nd) Talbott, Bill 3421 Spanish Trail B-326 Delray Beach FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3VD KENNETT, C H 3401 SPANISH TRAIL #152 DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Cappella, Joe 3301 Spanish Trail A-101 Delray Beach FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAY, BONNIE 3421 SPANISH TRAIL #825 DELRAY BEACH FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Murphy, Curtis 3421 Spanish Trail E-333 Delray Beach FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WABLRON, PATRICIA 951 SPANISH TRAIL #440 DELRAY BEACH FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S O'Brien, Janet 951 Spanish Trail F-346 Delray Beach FL 33483	☑ Change ☐ Addition

CR2E037 (9/01)

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] (REQUIRED) 4/19/02 561-276-8192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #