2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State
06-21-2007 90024 026 ****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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06132007 Chg-NP CR2E037 (12/06)

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: Becker & Poliakoff, P.A.
Street Address (P.O. Box Number is Not Acceptable): 625 N. Flagler Drive 7th Floor
City: West Palm Beach **FL** Zip Code: 33401

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 _____ 6/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERTVIK, JOHN JR 3421 SPANISH TRAIL. #327 DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SWIESKOWSKI, MARY 3351 SPANISH TRAIL, #414 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALDO ROSITO - V.P 3301 SPANISH TR #401 DELRAY BCH, FL 33483	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VD CATALANOTTI, PAUL 921 SPANISH CIRCLE #235 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ORIN BOWLBY V.P 3411 SPANISH TR # 421 DELRAY BCH FL 33483	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT KENNETT, C.H. 3401 SPANISH TRAIL, #152 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUSAN GOBBI, SECY 951 SPANISH CIRCLE #240 DELRAY BCH, FL 33483	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SACHS, DAVID 3421 SPANISH TRAIL #225 DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT VALENZA, GRACE 3301 SPANISH TRAIL #400 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTHA AFFRUNTI V.P 3421 SPANISH TR # 328 DELRAY BCH, FL 33483	☒ Change ☐ 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: Susan Gobbi 6/18/07 561-278-8192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #