2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 21, 2007 8:00 am Secretary of State

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DOCUMENT #715371 1. Entity Name TROPIC HARBOR ASSOCIATION, INC.									06-21-	-2007 90	0024 0	26 ****61	25
Principal Place of Business Mailing Address								4014	(100)	O			
800 TROPIC ISLE DRIVE DELRAY BEACH, FL 33483			800 TROPIC ISLE DRIVE DELRAY BEACH, FL 33483										
2. Principal P	Place of Busin	3. Mailing A	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.				06132007	Çhg-Ni	P	CR2E	037 (12/06)	
City & Stat	e		City & State					4. FEI Num 59-13	ber 10055				Applied For
Zip	Country		Zip		Cou	intry		5. Certifica	te of Status (Desired		\$8.75 Ac	ditional
	6. Name	and Address of Current	Registered Ag	ent				7. Name ar	d Address	of New Re	gisterec	Agent	
BECKER &	R DOLIAK	DEE DA				Name Reci	ker	& Pol	iakof	f D	Α		
500 AUST	RALIAN A					ldress (F	O. Box Num	ber is Not A	cceptable)	. /3			
-		H, FL 33401					Flo	_	01 01	110			
						City		ılm Be	ach		F	L Zip Cod	
8. The above	named entit	y subsats this statement to	er the pulpose of	changing its	register					tate of Flor	rida. I ján		
trie obliga	aons or regist	leved agen								lic	1/2	7	
SIGNATURE	7							.	<u> </u>	/	<u>'/—</u>	<u> </u>	
SIGNATURE	Signature, typed	or printed name of registered agent	I and title if applicable	(NOTI	E: Registere	d Agent signature	re required t	when reinstating)	<u> </u>	/	DATE	<u> </u>	
	Filing Fe	or printed name of registered agent re is \$61.25 otember 14, 2007	_/	Election Car Trust Fund C	npaign F	inancing _		when reinstating) \$5.00 May Added to Fee	Be		DATE	<u> </u>	
	Filing Fe	e is \$61.25	,	. Election Car	npaign F	inancing _		\$5.00 May Added to Fee	Be s	Florid	DATE nke chee da Depa	ck payable	State
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DELRAY BEACH, FL 33483

12. I hereby certify that the information supplied with this filling 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: SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO