

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90293 025 \*\*\*\*61.25

**DOCUMENT # 747013**

1. Entity Name

**TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

8000 SE PARADISE DRIVE  
STUART FL 34997-7361

Mailing Address

PO BOX 493  
STUART FL 34995  
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2534026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSS, DEBORAH L ESQ.  
ROSS EARLE & BONAN, PA  
759 S. FEDERAL HWY, SUITE 212  
STUART FL 34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE DP ☐ Delete  
NAME HOGELAND, JIM  
STREET ADDRESS 242 SE PARADISE PL  
CITY-ST-ZIP STUART FL 34997

TITLE SD ☐ Delete  
NAME DEPRE, MARITA  
STREET ADDRESS 7408 SE PARADISE COURT  
CITY-ST-ZIP STUART FL 34997

TITLE D ☐ Delete  
NAME HOGAN, GENE  
STREET ADDRESS 192 SE PARADISE PL  
CITY-ST-ZIP STUART FL 34997

TITLE TD ☐ Delete  
NAME GREER, DONNA K  
STREET ADDRESS 7901 SE PARADISE DR  
CITY-ST-ZIP STUART FL 34997

TITLE D ☐ Delete  
NAME HORSTMANN, WILLIAM  
STREET ADDRESS 192 SE PARADISE PL  
CITY-ST-ZIP STUART FL 34997

TITLE D ☐ Delete  
NAME OFFERDING, MARGARET  
STREET ADDRESS 212 SE PARADISE PLACE  
CITY-ST-ZIP STUART FL 34997

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Change ☒ Addition  
NAME McCUNE, BARBARA  
STREET ADDRESS 161 SE PARADISE PLACE  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donna K. Greer* DONNA K. GREER DIRECTOR/TREASURER 4/25/06 772/223-8156