

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747013

FILED
Apr 14, 2009
Secretary of State

Entity Name: TROPICAL PARADISE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8000 SE PARADISE DRIVE
STUART, FL 349977361

New Principal Place of Business:

Current Mailing Address:

PO BOX 493
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2534026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TOWNES, MICHAEL
Address: 122 SE PARADISE PLACE
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: DEPRE, MARITA
Address: 7408 SE PARADISE COURT
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: HOGAN, GENE
Address: 192 SE PARADISE PL
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: GREER, DONNA K
Address: 7901 SE PARADISE DR
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: HORSTMANN, WILLIAM
Address: 192 SE PARADISE PL
City-St-Zip: STUART, FL 34997

Title: DVP (X) Delete
Name: WALDRON, RON
Address: 211 SE PARADISE PLACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: DEPRE, MARITA
Address: 7408 SE PARADISE COURT
City-St-Zip: STUART, FL 34997

Title: DVP (X) Change () Addition
Name: KNOWLTON, DEBE
Address: 8000 SE PARADISE DR
City-St-Zip: STUART, FL 34997

Title: DT (X) Change () Addition
Name: GREER, DONNA K
Address: 7901 SE PARADISE DR
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA K. GREER

DT

04/14/2009

Electronic Signature of Signing Officer or Director

Date