FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 8:10

DOCUMENT # **748671** **(5)**

1. Corporation Name

TROPIC VILLAS NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1170 SIXTH AVE VERO BCH FL 32960	1170 SIXTH AVE VERO BCH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/28/1979**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1971217** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MUIER, LORETTA
1170 6TH AVE
VILLA 14C
VERO BCH FL 32960

10. Name and Address of New Registered Agent

81 Name: LORETTA MUIR
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Loretta L Muir — LORETTA MUIR 5/25/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	NAUMANN, STEVE	12 NAME	
STREET ADDRESS	1170 6TH AVE VILLA 14D	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	VP ☒ Change ☐ Addition
NAME	MOON, JOHN	22 NAME	JOE ADESSA
STREET ADDRESS	1170 6TH AVE., VILLA 14R	23 STREET ADDRESS	1170 6th AVENUE 10A
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	VERO BEACH, FL. 32960
TITLE	S	31 TITLE	S/T ☒ Change ☐ Addition
NAME	KERSHNER, DICK	32 NAME	LORETTA MUIR
STREET ADDRESS	1170 6TH AVE VILLA 22B	33 STREET ADDRESS	1170 6th AVENUE 14C
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	VERO BEACH, FL. 32960
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	LEWIS, LARRY	42 NAME	BOB JACOB
STREET ADDRESS	1170 6TH AVE VILLA 18 A	43 STREET ADDRESS	1170 6th AVENUE 26A
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	VERO BEACH, FL. 32960
TITLE	T	51 TITLE	D ☒ Change ☐ Addition
NAME	MACKEY, JACQUELYNE	52 NAME	LINDA CARTWRIGHT
STREET ADDRESS	1170 6TH AVE., VILLA 14A	53 STREET ADDRESS	1170 6th AVENUE 2B
CITY-ST-ZIP	VERO BCH. FL	54 CITY-ST-ZIP	VERO BEACH, FL. 32960
TITLE	RS	61 TITLE	D ☒ Change ☐ Addition
NAME	RNNERT, SHIRLEY	62 NAME	HAROLD RICHARDSON
STREET ADDRESS	1170 6TH AVE., VILLA 11D	63 STREET ADDRESS	1170 5th AVENUE 7A
CITY-ST-ZIP	VERO BEACH FL	64 CITY-ST-ZIP	VERO BEACH, FL. 32960

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Loretta L Muir — LORETTA MUIR 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000690