

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748671

FILED
Jun 16, 2004
Secretary of State**Entity Name:** TROPIC VILLAS NORTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1170 SIXTH AVE
VERO BCH, FL 32960**New Principal Place of Business:****Current Mailing Address:**1170 SIXTH AVE
VERO BCH, FL 32960**New Mailing Address:****FEI Number:** 59-1971217**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LANKFORD, BARBARA
1170 6TH AVENUE #3A
VERO BCH, FL 32960 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: P () Delete
Name: MERGENS, THOMAS
Address: 1170 6TH AVE #5D
City-St-Zip: VERO BEACH, FL 32960

Title: S () Delete
Name: GREENE, MEREDITH
Address: 1170 6TH AVENUE 100
City-St-Zip: VERO BEACH, FL 32960

Title: T () Delete
Name: SOLOMAN, ISABELLA
Address: 1170 6TH AVE 280
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: SPRAGUE, RITA
Address: 1170 6TH AVENUE 10D
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: NOLTE, BARBARA
Address: 1170 6TH AVE 28-A
City-St-Zip: VERO BCH., FL 32960

Title: D () Delete
Name: ZAD, BILL
Address: 1170 6TH AVE 28B
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MERGENS, THOMAS
Address: 1170 6TH AVE #5D
City-St-Zip: VERO BEACH, FL 32960 US

Title: S (X) Change () Addition
Name: TROST, MICHELLE
Address: 1170 6TH AVE #4B
City-St-Zip: VERO BEACH, FL 32960 US

Title: T (X) Change () Addition
Name: SOLOMON, ISABELLA
Address: 1170 6TH AVE #28D
City-St-Zip: VERO BEACH, FL 32960 US

Title: VP (X) Change () Addition
Name: NOLTE, BARBARA
Address: 1170 6TH AVE #28A
City-St-Zip: VERO BEACH, FL 32960 US

Title: D (X) Change () Addition
Name: FREUND, BARBARA
Address: 1170 6TH AVE #24A
City-St-Zip: VERO BCH., FL 32960 US

Title: D (X) Change () Addition
Name: COMMERFORD, MARY LOU
Address: 1170 6TH AVE #20B
City-St-Zip: VERO BEACH, FL 32960 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ISABELLA SOLOMON

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06/16/2004

Electronic Signature of Signing Officer or Director

Date