2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90172 018 ****61.25

DOCUMENT # 748671

1. Entity 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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1971217 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
2500 MAITLAND CENTER PKWY
SUITE 209
MAITLAND FL 32751

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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MERGENS, THOMAS 1170 6TH AVE #5D VERO BEACH FL 32960	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition President Nolte, Barbara 1170 6th Ave., #28A Vero Beach, Fl 32960
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TROST, MICHELLE 1170 6TH AVE.#4B VERO BEACH FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOLOMON, ISABELLA 1170 6TH AVE. #20D VERO BEACH FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NOLTE, BARBARA 1170 6TH AVE. #28A VERO BEACH FL 32960	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Vice President Barbara Freund 1170 6th Ave., 24A Vero Beach, FL 32960
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREUND, BARBARA 1170 6TH AVE.#24A VERO BCH. FL 32960	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Director Jon Moses 1170 6th Ave., 24C Vero Beach, FL 32960
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMMERFORD, MARY LOU 1170 6TH AVE.#20B VERO BEACH FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Isabella Solomon Isabella Solomon 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #