# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2008**
**Secretary of State**

DOCUMENT# 748671

**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:**

1170 SIXTH AVE
CLUBHOUSE
VERO BCH, FL 32960

**FEI Number: 59-1971217** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CHARLES W. MCKINNON, P.L.
3055 CARDINAL DR.,
SUITE 302
VERO BEACH, FL 32963 US

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: CHARLES W. MCKINNON, P.L. 04/01/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete
Name: MOORE, CANDACE
Address: 1170 6TH AVE 19C
City-St-Zip: VERO BEACH, FL 32960 US

Title: P ( ) Delete
Name: CHABORA, RICHARD
Address: 1170 6TH AVENUE SUITE 10C
City-St-Zip: VERO BEACH, FL 32960 US

Title: VP ( ) Delete
Name: BARBARA, BAKER
Address: 1170 6TH AVENUE 8C
City-St-Zip: VERO BEACH, FL 32960 US

Title: T ( ) Delete
Name: NOLTE, BARBARA
Address: 1170 6TH AVENUE SUITE 28A
City-St-Zip: VERO BEACH, FL 32960 US

Title: D ( ) Delete
Name: LINDA, ELLIOTT
Address: 1170 6TH AVENUE SUITE 8B
City-St-Zip: VERO BCH., FL 32960 US

Title: D ( ) Delete
Name: SANDY, CENTRONE
Address: 1170 6TH AVENUE SUITE 28C
City-St-Zip: VERO BEACH, FL 32960 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: BARBARA B. NOLTE S 04/01/2008
Electronic Signature of Signing Officer or Director Date