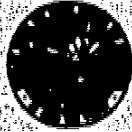


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:07

DOCUMENT # 748896 (8)

1. Corporation Name

TROPIC SHORES CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

14251 GULF BLVD.
MADERA BCH. FL 33708

14251 GULF BLVD.
MADERA BCH. FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/13/1979** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2063803** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIBSON, DAVID H.
157 107TH AVENUE
TREASURE ISLAND FL 33740**

81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **DRESPLING, MONTY**
STREET ADDRESS **1739 LYNWOOD COURT**
CITY-ST-ZIP **FLOSSMOOR IL**

1.1 TITLE **PD** Change Addition
1.2 NAME **RICHARD FURMAN**
1.3 STREET ADDRESS **9512 BAYTREE CT.**
1.4 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **VPD**
NAME **FURMAN, RICHARD**
STREET ADDRESS **9512 BAYTREE COURT**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **VPD** Change Addition
2.2 NAME **MARIO LOVICO**
2.3 STREET ADDRESS **164-06-95 ST.**
2.4 CITY-ST-ZIP **HOWARD BEACH, NY 11414**

TITLE **STD**
NAME **FINEGAN, PATRICIA**
STREET ADDRESS **6001 2 STREET, E. #32**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **ST PETE BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(b), 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: Patricia Finegan - SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date 4/13/95
DATE