

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 748896

**FILED
Oct 21, 2004
Secretary of State**

Entity Name: TROPIC SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14251 GULF BLVD.
MADEIRA BCH., FL 33708

New Principal Place of Business:

Current Mailing Address:

14251 GULF BLVD.
MADEIRA BCH., FL 33708

New Mailing Address:

FEI Number: 59-2063803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLEVENGER, ROCKY
18840 GULF BLVD # 3
INDIAN ROCKS BEACH, FL 33785 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: PD () Delete
Name: BOOTH, MARK
Address: 189 NUTBEAM RD
City-St-Zip: EASTLEIGH HANTS, ENGLAND, EN 50505JD

Title: VSTD () Delete
Name: KILLINGBECK, CRAIG
Address: 56 BLOOMSGROVE AVE
City-St-Zip: FORT HOPE, ONTARIO, CANADA, CN L1-A14

Title: SD () Delete
Name: BISHOP, KENNETH J
Address: 1620 21ST ST N
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STIMMEL, KENT
Address: 1616 ELLIGSON RD
City-St-Zip: BALTIMORE, MD 21237

Title: VSTD (X) Change () Addition
Name: PAPPAS, JIM
Address: 3704 GINGER CREEK DR
City-St-Zip: SPRINGFLEID, IL 62707

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

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: KENT STIMMEL

PD

10/21/2004

Electronic Signature of Signing Officer or Director

_____ Date