

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

#12 ADDITIONS

FILED

Mar 16 1998 8:00am
Secretary of State

Bob Hogan
29 Palm Dr.
Ft. Myers, Fl. 33908

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H57078 (8) 1. Corporation Name TROPICANA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 61 E CAMELIA DR RT 10 FT MYERS FL 33908 US		Mailing Address 61 E CAMELIA DR RT 10 FT MYERS . 33908 US	
2. Principal Place of Business 21 41-E Palm Dr. Suite, Apt. #, etc. 22 Rt. 10 City & State 23 Ft. Myers, Fl. 33908 Zip 24 33908		2a. Mailing Address 26 41-E Palm Dr. Suite, Apt. #, etc. 27 Rt. 10 City & State 28 Ft. Myers, Fl. 33908 Zip 29 33908	
3. Name and Address of Current Registered Agent DECKER, GEORGE 61 E CAMELIA DR RT 10 FT MYERS FL 33908		10. Name and Address of New Registered Agent 81 Name Gloria Stapleton 82 Street Address (P.O. Box Number is Not Acceptable) 41-E Palm Dr. 83 Rt. 10 84 City Ft. Myers FL 85 Zip Code 33908	
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 <u>Gloria Stapleton</u> Gloria Stapleton, Treasurer 3/2/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARDEN, RICHARD 225 E AVOCADO DR RT 10 FT MYERS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DECKER, GEORGE 61 E CAMELIA DR, RT 10 FT MYERS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, DOROTHY 144 PALM DR RT 10 FT MYERS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACE, ELLSWORTH 169 E JASMINE DR RT 10 FT MYERS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LUCAS, CAROLE 75 E CAMELIA DR, RT 10 FT MYERS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STAPLETON, GLORIA 41-E PALM DR, RT 10 FT MYERS FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)