

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90067 033 ***150.00

DOCUMENT # H57078

1. Corporation Name

TROPICANA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

41-E PALM DR
RT 10
FT MYERS FL 33908
US

Mailing Address

41-E PALM DR
TR 10
FT MYERS . 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1985

4. FEI Number

59-2544416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

STAPLETON, GLORIA
41-E PALM DR
RT 10
FT MYERS FL 33908

10. Name and Address of New Registered Agent

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

Gloria Stapleton

Gloria Stapleton, Treasurer

3-5-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BARDEN, RICHARD
STREET ADDRESS
225 E AVOCADO DR RT 10
CITY-ST-ZIP
FT MYERS FL

TITLE ☐ DELETE

NAME
MILLER, CHARLES
STREET ADDRESS
252 C POINCIANA DR
CITY-ST-ZIP
FT MYERS FL 33908

TITLE ☐ DELETE

NAME
HARPER, DOROTHY
STREET ADDRESS
144 PALM DR RT 10
CITY-ST-ZIP
FT MYERS FL

TITLE ☐ DELETE

NAME
MACE, ELLSWORTH
STREET ADDRESS
169 E JASMINE DR RT 10
CITY-ST-ZIP
FT MYERS FL

TITLE ☐ DELETE

NAME
LUCAS, CAROLE
STREET ADDRESS
75 E CAMELIA DR, RT 10
CITY-ST-ZIP
FT MYERS FL

TITLE ☐ DELETE

NAME
STAPLETON, GLORIA
STREET ADDRESS
41 E PALM DR, RT 10
CITY-ST-ZIP
FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE

Gloria Stapleton

Gloria Stapleton, Treasurer/3-5-99

941-466-5170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

H 57078

215747-90067-33

#13 ADDITIONS:

D

Robert Hogan
29 Palm Drive
Ft. Myers, Fl. 33908

D

Jim McMath
60 Pine Drive
Ft. Myers, Fl. 33908

D

Cliff Thompson
182-E Coconut Drive
Ft. Myers, Fl. 33908