

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90021 038 ***150.00

DOCUMENT # H57078

1. Entity Name

TROPICANA HOMEOWNERS' ASSOCIATION, INC.

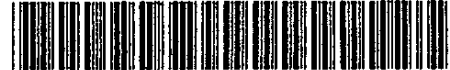


Principal Place of Business

12551 COCONUT DR.
FORT MYERS FL 33908
US

Mailing Address

12551 COCONUT DR.
FORT MYERS FL 33908
US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2544416

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALKA, NORMA R
12551 COCONUT DRIVE
FORT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: DRIER, GEORGE
STREET ADDRESS: 16619 AVOCADO DR
CITY - ST - ZIP: FORT MYERS FL 33908 ☐ Delete

TITLE: DV3
NAME: SHEWMAKER, HARRY
STREET ADDRESS: 16620 CAMELIA DR
CITY - ST - ZIP: FT MYERS FL 33908 ☐ Delete

TITLE: D
NAME: THOMPSON, CLIFFORD
STREET ADDRESS: 12522 COCONUT DR
CITY - ST - ZIP: FORT MYERS FL 33908 ☒ Delete

TITLE: D
NAME: FRASER, JAMES
STREET ADDRESS: 16633 LANTANA DR
CITY - ST - ZIP: FORT MYERS FL 33908 ☒ Delete

TITLE: DT
NAME: PALKA, NORMA R
STREET ADDRESS: 12551 COCONUT DR
CITY - ST - ZIP: FORT MYERS FL 33908 ☐ Delete

TITLE: DS
NAME: FINELLI, ELAINE
STREET ADDRESS: 16612 AVOCADO DRIVE
CITY - ST - ZIP: FORT MYERS FL 33908 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DS
NAME: JOAN DISKIN
STREET ADDRESS: 16607 MAGNOLIA DR
CITY - ST - ZIP: FT MYERS, FL 33908 ☐ Change ☒ Addition

TITLE: DAT
NAME: PATRICK COMBS
STREET ADDRESS: 12532 POINCIANA DR
CITY - ST - ZIP: FT MYERS, FL 33908 ☐ Change ☒ Addition

TITLE: D
NAME: D. THOMAS O'DONNELL
STREET ADDRESS: 16611 AVOCADO DR
CITY - ST - ZIP: FT. MYERS, FL. 33908 ☒ Change ☐ Addition

TITLE: D
NAME: JOHN BAIN BRIDGE
STREET ADDRESS: 12566 FLAMINGO DR
CITY - ST - ZIP: FT. MYERS, FL. 33908 ☐ Change ☐ Addition

TITLE: D
NAME: D. A. JOSEPH
STREET ADDRESS: 12526 BANYAN DR.
CITY - ST - ZIP: FT MYERS, FL. 33908 ☐ Change ☒ Addition

TITLE: D
NAME: D. MARTHA ALBERT
STREET ADDRESS: 16617 LANTANA DR
CITY - ST - ZIP: FT. MYERS, FL. 33908 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2/28/07