


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004497	
1. Entity Name TROPICAL ISLES UTILITIES CORPORATION	

Principal Place of Business 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982	Mailing Address 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982
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02282006 No Chg-NP CR2E037 (11/05)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHACKET, ROGER 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982

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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 reappointing)) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000462916 03/21/06-80054-025 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHACKET, ROGER 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGOUGH, LOUIS G 491 THAMES BLUFF RIDGE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICKEL, DONNA M 240 OLD KEY WEST PLACE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSATO, JULIUS 210 SANDY BOTTOM PLACE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEVOE, FREDRIC 5670 HEMINWAY COURT FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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:  Roger Shacket	2-28-06	772-468-4968
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>