

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		05072007 Chg-NP CR2ED037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.76 Additional Fee Required	
6. Name and Address of Current Registered Agent SHACKET, ROGER 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982				7. Name and Address of New Registered Agent Name: <u>LEE JAY COLLINS</u> Street Address (P.O. Box Number is Not Acceptable): <u>529 VERSAILLES DRIVE, Suite 103</u> City: <u>MAITLAND</u> Zip Code: <u>FL 32751</u>	
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: <u>Lee Jay Collins</u> (Signature, typed or printed name of registered agent and state if applicable)				DATE: <u>5-18-07</u> (NOTE: Registered Agent signature required when releasing)	
Amended AR is \$61.25		9. Electoral Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	☒ Delete	NAME	D	☐ Change ☒ Addition
STREET ADDRESS	SHACKET, ROGER		STREET ADDRESS	Russell, George T.	
CITY-STATE-ZIP	281 TROPICAL ISLES CIRCLE		CITY-STATE-ZIP	351 Seashore Ter.	
	FT PIERCE, FL 34982			Fort Pierce FL 34982	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MCGOUGH, LOUIS G		NAME	McAfee, Robert	
STREET ADDRESS	491 THAMES BLUFF RIDGE		STREET ADDRESS	493 Thames Bluff Ridge	
CITY-STATE-ZIP	FT PIERCE, FL 34982		CITY-STATE-ZIP	Fort Pierce FL 34982	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	NICKEL, DONNA M		NAME	Dabulis, Madeline	
STREET ADDRESS	240 OLD KEY WEST PLACE		STREET ADDRESS	479 Tropical Isles Circle	
CITY-STATE-ZIP	FT PIERCE, FL 34982		CITY-STATE-ZIP	Fort Pierce FL 34982	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ROSATO, JULIUS		NAME	Yurek, Alan	
STREET ADDRESS	210 SANDY BOTTOM PLACE		STREET ADDRESS	5581 Henningway Ter.	
CITY-STATE-ZIP	FORT PIERCE, FL 34982		CITY-STATE-ZIP	Fort Pierce FL 34982	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	DEVOE, FREDRIC		NAME	Jamerson, Elmer E.	
STREET ADDRESS	5670 HENNINGWAY COURT		STREET ADDRESS	480 Tropical Isles Circle	
CITY-STATE-ZIP	FORT PIERCE, FL 34982		CITY-STATE-ZIP	Fort Pierce FL 34982	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
500103982825 06/06/07--01033--008 **61.25					
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 persons empowered.					
SIGNATURE: <u>George T. Russell</u> <u>George T. Russell</u> <u>5/10/07</u> <u>772-461-9560</u> (Signature, typed or printed name of signing officer or director)					

FILED

07 MAY 25 AM 11:27

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

