FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02729 (4)

1. Corporation Name

TROPICAL SHORES NEIGHBORHOOD ASSOCIATION, INCORP ORATED

Principal Place of Business	Mailing Address
% ROBERT B. KINNEY 456 22ND AVE. S.E. ST. PETERSBURG FL 33705	% ROBERT B. KINNEY 456 22ND AVE. S.E. ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1984
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2396031 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KINNEY, ROBERT B.
456 22ND AVENUE S.E.
ST. PETERSBURG FL 33705

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 ______
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	P
NAME	KINNEY, ROBERT B.
STREET ADDRESS	456 22ND AVE. S.E.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V
NAME	JARDINE, EVANGELINE
STREET ADDRESS	2316 S. SHORE DR., E.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	ST
NAME	CALVANI, THOMAS J
STREET ADDRESS	377 - 22 AVE., SE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	MARCH, MICHAEL
STREET ADDRESS	414 - 22 AVE., SE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	WIEAND, ROBERT
STREET ADDRESS	2411 SUNRISE DR., SE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	BUCHSTEINER, LOUIS
STREET ADDRESS	2316 TROPICAL SHORES D R., SE
CITY-ST-ZIP	ST. PETERSBURG 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B K — ROBERT B KINNEY — 4/19/95 — (813)823-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #