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FILED

Feb 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N02729** (4)

1. Corporation Name

**TROPICAL SHORES NEIGHBORHOOD ASSOCIATION, INCORPORATED**



Principal Place of Business

Mailing Address

SCHAUER, DAVID  
321 22ND AVE SE  
ST. PETERSBURG FL 33705  
US

321 22ND AVE SE  
~~453 22ND AVE SE~~  
ST. PETERSBURG FL 33705-3304  
US

3. Date Incorporated or Qualified  
**04/25/1984**

3a. Date of Last Report  
**06/27/1996**

2. Principal Place of Business

2a. Mailing Address

21 **321 22nd AVE**

26 **321 22nd Ave SE**

4. FEI Number

**59-2396031**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 **St Petersburg**  
29 **33705** 30 **Pinellas**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAUER, DAVID  
321 22ND AVENUE SE  
ST. PETERSBURG FL 33705

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **SCHAUER, DAVID**  
CITY-ST-ZIP **321 22ND AVE SE**  
**ST. PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **MORRIS, BARBARA**  
CITY-ST-ZIP **442 22ND AVE SE**  
**ST. PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **WOLFF, LESTER**  
CITY-ST-ZIP **414 22ND AVE SE**  
**ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **WALKER, MIKE**  
CITY-ST-ZIP **453 22ND AVE SE**  
**ST. PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **CLARK, JIM**  
CITY-ST-ZIP **2240 E BAY IGLE DR**  
**ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ASHENBRENNER**  
CITY-ST-ZIP **2470 SUNRISE DR SE**  
**ST. PETERSBURG FL**

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 813 821 6843

Date

Daytime Phone # 0060127

CR2E037 (9/96)