

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # N02729

(4)

1. Corporation Name

TROPICAL SHORES NEIGHBORHOOD ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

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

321 22ND AVE SE
ST. PETERSBURG FL 33705
US

3. Date Incorporated or Qualified

04/25/1984

4. FEI Number

59-2396031

Applied For

Not Applicable

2. Principal Place of Business

21 BARBARA MORRIS PRES.

22 442 22ND AVE S.E.

23 ST. PETERSBURG FL

24 33705

2a. Mailing Address

26 442 22ND AVE SE

27 Suite, Apt. #, etc.

City & State

28 ST. PETERSBURG FL

Zip

29 33705

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

BARBARA MORRIS

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

442 22ND AVE S.E.

84 City

ST. PETERSBURG

FL

85 Zip Code

33705

11. Pursuant to the provisions of sections 617.0502 and 617.1009, 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 is 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 sections 617.0502 and 617.1009, Florida Statutes.

SIGNATURE: [Signature]
Signature, typed or printed name of registered agent and title if applicable

TRASURER
(NOTE: Registered Agent signature required when reinstating)

20 JULY 98
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SCHAUER, DAVID
STREET ADDRESS 321 22ND AVE SE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☒ DELETE

NAME MORRIS, BARBARA
STREET ADDRESS 442 22ND AVE SE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE T ☐ DELETE

NAME WOLFF, LESTER
STREET ADDRESS 414 22ND AVE SE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S ☐ DELETE

NAME WALKER, MIKE
STREET ADDRESS 453 22ND AVE SE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME CLARK, JIM
STREET ADDRESS 2240 E BAY IGLE DR
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME ASHENBRENNER
STREET ADDRESS 2470 SUNRISE DR SE
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME MORRIS, BARBARA
1.3 STREET ADDRESS 442 22ND AVE SE
1.4 CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME ROGERS SUSAN
2.3 STREET ADDRESS 2520 SOUTH SHORE DR SE
2.4 CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME [Signature]
3.3 STREET ADDRESS [Signature]
3.4 CITY-ST-ZIP ST. PETERSBURG FL

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRASURER
20 JULY 98 823-9117
Date Daytime Phone #

CR2E037 (5/98)