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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90098 021 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02729**

1. Corporation Name

**TROPICAL SHORES NEIGHBORHOOD ASSOCIATION, INCORPORATED**

Principal Place of Business

**BARBARA MORRIS PRESIDENT**  
**442 22ND AVE SE**  
**ST. PETERSBURG FL 33705**  
**US**

Mailing Address

**442 22ND AVE SE**  
**ST. PETERSBURG FL 33705**  
**US**



2. Principal Place of Business

**21 2343 WEST BAY ISLE DR. S.E.**

2a. Mailing Address

**26 2343 WEST BAY ISLE DR S.E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

**23 ST. PETERSBURG FL.**

City & State

**28 ST. PETERSBURG FL.**

Zip

Country

**24 33705**

**25 U.S.**

Zip

Country

**29 33705**

**30 US**

9. Name and Address of Current Registered Agent

**MORRIS, BARBARA**  
**442 22ND AVE SE**  
**ST. PETERSBURG FL 33705**

3. Date Incorporated or Qualified

**04/25/1984**

4. FEI Number

**59-2396031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name

**LESTER L. WOLFF**

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

**414 22ND AVE S.E.**

83

84 City

**ST. PETERSBURG**

FL

85 Zip Code

**33705**

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

**LESTER L. WOLFF, TREASURER**

**17 MARCH 1999**

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 ☒ DELETE

**VP**  
**ROGERS, SUSAN**  
**2520 S. SHORE DR SE**  
**ST. PETERSBURG FL**

TITLE ☒ DELETE

**P**  
**MORRIS, BARBARA**  
**442 22ND AVE SE**  
**ST. PETERSBURG FL**

TITLE ☐ DELETE

**WOLFF, LESTER**  
**414 22ND AVE SE**  
**ST. PETERSBURG FL**

TITLE ☒ DELETE

**S**  
**WALKER, MIKE**  
**453 22ND AVE SE**  
**ST. PETERSBURG FL**

TITLE ☐ DELETE

**D**  
**CLARK, JIM**  
**2240 E BAY IGLE DR**  
**ST. PETERSBURG FL**

TITLE ☒ DELETE

**D**  
**ASHENBRENNER**  
**2470 SUNRISE DR SE**  
**ST. PETERSBURG FL**

13.

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

**P**  
**WAYNE AGELE**  
**2343 WEST BAY ISLE DR S.E.**  
**ST. PETERSBURG FL.**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

**VP**  
**RENEE FIELDING**  
**2440 EAST BAY ISLE DR S.E.**  
**ST. PETERSBURG FL**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

**3**  
**KRIS LOGAN**  
**2530 TROPICAL SHORES DR S.E.**  
**ST. PETERSBURG FL.**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

**K**  
**KIRSTEN TRIPLETT**  
**2560 SOUTH SHORE DR S.E.**  
**ST. PETERSBURG FL**

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)(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, with all other like empowered.

**SIGNATURE: LESTER L. WOLFF (TREAS) 17 MARCH 99 823-9117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)