

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000006763

1. Entity Name
TROPICAL SHORES NEIGHBORHOOD ASSOCIATION,
INC.



Principal Place of Business
2250 W BAY ISLE DR. SE
ST. PETERSBURG, FL 33705

Mailing Address
2250 W BAY ISLE DR. SE
ST. PETERSBURG, FL 33705

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

07072007

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-3126014

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAUS, LAURA J
2250 W. BAY ISLE DR. SE.
ST. PETERSBURG, FL 33705

Name

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

200106408922
07/19/07--01056--005 **\$1.25

City

FL

Zip Code

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

Laura J Schaus SECRETARY

7-9-07

Signature (typed or printed name) of registered agent and, if applicable,

(NOT: Registered Agent signature required when amending)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME WALKER, MIKE
STREET ADDRESS 453 22ND AVE SE.
CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☒ Delete

TITLE DP
NAME JOHN J BRINK
STREET ADDRESS 2250 W BAY ISLE DR SE
CITY-ST-ZIP ST PETE FL 33705 ☒ Change ☐ Addition

TITLE DV
NAME BRINK, JOHN J
STREET ADDRESS 2250 W BAY ISLE DR. SE
CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☒ Delete

TITLE DV
NAME FRED WILLIAMS
STREET ADDRESS 2295 W BAY ISLE DR SE
CITY-ST-ZIP ST PETE FL 33705 ☒ Change ☐ Addition

TITLE DT
NAME SCHAU, LAURA J
STREET ADDRESS 2258 W. BAY ISLE DR. SE.
CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☒ Delete

TITLE DT
NAME MARLA SHORT
STREET ADDRESS 2501 W BAY ISLE DR SE
CITY-ST-ZIP ST PETE FL 33705 ☒ Change ☐ Addition

TITLE DS
NAME SHORT, MARLA
STREET ADDRESS 2501 W. BAY ISLE DE. SE.
CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☒ Delete

TITLE DS
NAME LAURA J. SCHAU
STREET ADDRESS 2250 W BAY ISLE DR SE
CITY-ST-ZIP ST PETE FL 33705 ☒ Change ☐ Addition

TITLE D
NAME WILLIAMS, FRED
STREET ADDRESS 2295 W. BAY ISLE DR. SE
CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☒ Delete

TITLE D
NAME ULRICH ASMANN
STREET ADDRESS 2317 TROPICAL SHORES DR SE
CITY-ST-ZIP ST PETE FL 33705 ☐ Change ☒ Addition

TITLE D
NAME MOORE, JENNIFER
STREET ADDRESS 538 25TH AVE SE.
CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☐ Delete

TITLE D
NAME SHARON PULNIK
STREET ADDRESS 2520 South Shore Dr SE
CITY-ST-ZIP ST PETE FL 33705 ☐ Change ☒ Addition

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 like empowered.

SIGNATURE:

Laura J Schaus SECRETARY

7-9-07

8132209112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #