2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06000001031



Apr 24, 2008 8:00 am Secretary of State

FILED

1. Entity Name TROPIC TERRACE OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.								J4-24-2008 90)110 O	49 **** /().00
7245 A1A SOUTH 724 ST AUGUSTINE, FL 32080 UNIT			uiling Address 245 A1A SOUTH NIT D FAUGUSTINE, FL 32080				R 20110 3070 0041 00410 0		! !\ \$8 68 !! !	AHII II FACL	
Principal Place of Business - No P.O. Box # IOI			Mailing Address Of LAWCASTER PLACE								
				Suite, Apt. #, etc.				•		37 (12/06)	
City & State			ST	City & State F AUGUSTINE FL			4. FEI Number 2 APPLIED F	OR OB49	104	N	pplied For ot Applicable
Zip			32	2080		S A	Fee Req		\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agen				d Agent			7. Name and Add	dress of New Rec	istered.	Agent	
JONES, KATHERINE G 7245 A1A SOUTH					-	Name Street Address	s (P.O. Box Number is	Not Acceptable)			
ST AUGUSTINE, FL 32080				Chicat / Addition (1)							
			City					FL	Zip Coo	je	
	named entit tions of regist	y submits this statement tered agent.	for the purp	ose of changing its	registered	office or registe	tered agent, or both, in	the State of Flori	da.lam	familiar with	, and accept
SIGNATURE .											
0.0	Signature typed	tox printed name of registered acc	ros li eltit bos me	nlicable (NOTE	- Begistered A	Coent signature requir	red when reinstation)		DATE		
0.0	Signature, typed	for printed name of registered age	ent and title il app	olicable. (NOTE	E: Registered A	Agent signature require	red when reinstating)		DATE		
	Filing Fe	d or printed name of registered age the is \$61.25 May 1, 2008	ent and title if app	9. Election Carr Trust Fund C	npaign Fin	ancing	\$5.00 May Be Added to Fees	1	ke chec	k payable t	
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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:

904 471-1906