


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90110 049 ****70.00

DOCUMENT # N06000001031

1. Entity Name
TROPIC TERRACE OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7245 A1A SOUTH
 ST AUGUSTINE, FL 32080**

Mailing Address
**7245 A1A SOUTH
 UNIT D
 ST AUGUSTINE, FL 32080**

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

3. Mailing Address
101 LANCASTER PLACE

Suite, Apt. #, etc.

City & State
ST AUGUSTINE FL

Zip
32080

Country
USA



04082008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-0849104**
APPLIED FOR

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, KATHERINE G
 7245 A1A SOUTH
 ST AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE	D <input type="checkbox"/> Delete
NAME	RADFORD, WINSTON SR
STREET ADDRESS	101 LANCASTER PLACE
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	D <input type="checkbox"/> Delete
NAME	RADFORD, GRACE
STREET ADDRESS	101 LANCASTER PLACE
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	D <input type="checkbox"/> Delete
NAME	RADFORD, WINSTON JR
STREET ADDRESS	101 LANCASTER PLACE
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Winston Radford Sr. **4-10-08 904 471-1906**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #