FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N07835 (4)

1. Corporation Name

TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
% NESS, LYLE C. 234 SIXTH ST LAKE PLACID FL 33852 US	% NESS, LYLE C. 234 6TH ST LAKE PLACID FL 33852 US

3. Date Incorporated or Qualified: 02/26/1985

3a. Date of Last Report: 03/17/1995

2. Principal Place of Business	2a. Mailing Address
21 % BUTTS, L. WILLIAM	26 % BUTTS, L. WILLIAM
Suite, Apt. #, etc. 22 328 3rd Avenue	Suite, Apt. #, etc. 27 328 3rd Avenue
City & State 23 Lake Placid, FL	City & State 28 Lake Placid, FL
Zip / Country 24 33852 / 25 U.S.	Zip / Country 29 33852 / 30 U.S.

4. FEI Number: 59-2522188 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLLING, LEE JAY
20 N. ORANGE AVE, SUITE 700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUINEY, DON 216 7TH ST LAKE PLACID FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD TOUSEY, WILLIAM 233 6th Street Lake Placid, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TOUSEY, WILLIAM 233 6TH ST LAKE PLACID FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD MYERS, WILLIAM 148 8th Street Lake Placid, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTTS, LEWIS 328 3RD AVE LAKE PLACID FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD BUTTS, L. WILLIAM 328 3rd Avenue Lake Placid, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NESS, LYLE 234 6TH STREET LAKE PLACID FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD BIERSTINE, DORIS 306 12th Street Lake Placid, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRENIER, AL 323 4TH AVE LAKE PLACID FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D GRENIER, AL 323 4th Avenue Lake Placid, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCKINNEY, IMOGENE 241 6TH STREET LAKE PLACID FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D BEYER, AL 344 4th Avenue Lake Placid, FL	☐ Change ☒ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: L. William Butts L. William Butts, Director (Treasurer) 3-4-96 941-699-0655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #