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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07835** (4)

1. Corporation Name

TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business % O'BRYAN THOMAS F 197 10 ST LAKE PLACID FL 33852 US	Mailing Address % O'BRYAN THOMAS F 197 10 ST LAKE PLACID FL 33852 US
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3. Date Incorporated or Qualified

02/26/1985

4. FEI Number

59-2522188

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLING, LEE JAY

~~560 N. MAITLAND AVE.~~
~~MAITLAND, FL, SUITE 203~~
~~32751~~
**560 N. MAITLAND AVE.
MAITLAND, FL, SUITE 203
32751**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME **PD MYERS, WILLIAM**
STREET ADDRESS **148 8 ST**
CITY-ST-ZIP **LAKE PLACID FL**

1.2 TITLE ☒ DELETE

NAME **VPD FITCH, JOHN**
STREET ADDRESS **4 ST**
CITY-ST-ZIP **LAKE PLACID FL**

1.3 TITLE ☐ DELETE

NAME **TD O'BRYAN, THOMAS F**
STREET ADDRESS **197 10 ST**
CITY-ST-ZIP **LAKE PLACID FL**

1.4 TITLE ☒ DELETE

NAME **SD BIERSTINE, DORIS**
STREET ADDRESS **308 12TH STREET**
CITY-ST-ZIP **LAKE PLACID FL**

1.5 TITLE ☒ DELETE

NAME **D BEYER, AL**
STREET ADDRESS **344 4 AVE**
CITY-ST-ZIP **LAKE PLACID FL**

1.6 TITLE ☒ DELETE

NAME **D HATHAWAY, LAWRENCE**
STREET ADDRESS **350 2 AVE**
CITY-ST-ZIP **LAKE PLACID FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **PD FITCH, JOHN**
STREET ADDRESS **345 4TH AVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

1.2 TITLE ☐ Change ☒ Addition

NAME **VPD JENKINS, FRED**
STREET ADDRESS **6 AUSTIN DR**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

1.3 TITLE ☐ Change ☐ Addition

NAME **SD PRATOR, PAULA**
STREET ADDRESS **271 1ST AVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

1.4 TITLE ☐ Change ☒ Addition

NAME **D KELLEHER, GEORGE**
STREET ADDRESS **225 6TH ST**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

1.5 TITLE ☐ Change ☒ Addition

NAME **D SKAGGS, IVAN**
STREET ADDRESS **24 2ND AVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

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.

SIGNATURE: **Thomas J. O'Bryan** **THOMAS F. O'BRYAN** **03/30/98** **414-699-1350**

CR2E037 (10/97)