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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07835

1. Corporation Name

TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, I NC.

359883 - 90111 - 2

Principal Place of Business	Mailing Address
% O'BRYAN THOMAS F 197 10 ST LAKE PLACID FL 33852 US	% O'BRYAN THOMAS F 197 10 ST LAKE PLACID FL 33852 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/26/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2522188 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COLLING, LEE JAY
500 N MAITLAND AVE
SUITE 203
ORLANDO FL 32751

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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FITCH, JOHN		1.2 NAME	Fred Jenkins	
STREET ADDRESS	345 4TH AVE		1.3 STREET ADDRESS	6 Austin Drive	
CITY-ST-ZIP	LAKE PLACID FL 33852		1.4 CITY-ST-ZIP	Lake Placid FL 33852	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	JENKINS, FRED		2.2 NAME	George Kellcher	
STREET ADDRESS	6 AUSTIN DR		2.3 STREET ADDRESS	225 6th Street	
CITY-ST-ZIP	LAKE PLACID FL 33852		2.4 CITY-ST-ZIP	Lake Placid, FL, 33852	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	O'BRYAN, THOMAS F		3.2 NAME	Thomas F. O'Bryan	
STREET ADDRESS	197 10 ST		3.3 STREET ADDRESS	197 10th Street	
CITY-ST-ZIP	LAKE PLACID FL		3.4 CITY-ST-ZIP	Lake Placid, FL. 33852	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRATOR, PAULA		4. 2 NAME		
STREET ADDRESS	271 1ST AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		4.4 CITY-ST-ZIP		
TITLE	D H	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KELLEMER, GEORGE		5.2 NAME	Bunny Brinkley	
STREET ADDRESS	225 6TH ST		5.3 STREET ADDRESS	320 2nd Avenue	
CITY-ST-ZIP	LAKE PLACID FL 33852		5.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SKAGGS, IVAN		6.2 NAME		
STREET ADDRESS	24 2ND AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Thomas F. O'Bryan TREASURER 04/15/99 941-699-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #