2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90033 018 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N07835

1. Entity Name

TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O C. HATHAWAY 350 2ND AVE LAKE PLACID FL 33852 US	C/O C. HATHAWAY 350 2ND AVE LAKE PLACID FL 33852 US

2. Principal Place of Business	3. Mailing Address
113 5th Street	113 5th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lake Placid, Fl 33852	Lake Placid, Fl 33852
Zip: 33852 Country: Highlands	Zip: 33852 Country: Highlands

4. FEI Number: 59-2522188 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HATHAWAY, CAROLE 350 2ND AVE LAKE PLACID FL 33852	Name: FISHER, EDWARD Street Address (P.O. Box Number is Not Acceptable): 113 5th St. City: Lake Placid FL Zip Code: 33852

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: Edward L Fisher V.P. Edward Fisher January 28, 2004

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

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MIDGLEY, WILLIAM 87 4TH ST. LAKE PLACID FL 33852	☒ Delete	VERBARG, ROBERT 26 Rickert Dr. Lake Placid, Fl. 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHANNON, JOE 63 2ND STREET LAKE PLACID FL 33852	☐ Delete	MAYNARD, JAMES 182 10th St. Lake Plaid, Fl 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VERBARG, ROBERT 26 RICKERT DR. LAKE PLACID FL 33852	☒ Delete	SNIDER, EMILY 89 4th St. Lake Placid, Fl 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HATHAWAY, CAROLE 320- 2ND AVE LAKE PLACID FL 33852	☒ Delete	LANDON, SHIRLEY 270 1st Ave Lake Placid, Fl 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FISHER, ED 113 5TH STREET LAKE PLACID FL 33852	☐ Delete	BAILIE, DAVID 55 2nd St. Lake Placid, Fl 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, D GENE 239 6TH STREET LAKE PLACID FL 33852	☒ Delete		☐ Change ☐ Addition

12. 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 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: Robert Verbarg 1-28-04 863-699-0909

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