

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07835

FILED
Apr 10, 2010
Secretary of State

Entity Name: TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

406 BEAVER RUN STREET
LAKE PLACID, FL 33852 US

New Principal Place of Business:

18 RICKERT DRIVE
LAKE PLACID, FL 33852 US

Current Mailing Address:

406 BEAVER RUN STREET
LAKE PLACID, FL 33852 US

New Mailing Address:

18 RICKERT DRIVE
LAKE PLACID, FL 33852 US

FEI Number: 59-2522188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, JIM
527 BEACHCRAFT ST
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

BECKER, JAMES
527 BEACHCRAFT ST
LAKE PLACID, FL 33852 US

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.

SIGNATURE: JAMES BECKER

04/10/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HAAG, WENDELL
Address: 330 BELLE GROVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP
Name: BECKER, JAMES
Address: 527 BEECHCRAFT STREET
City-St-Zip: LAKE PLACID, FL 33852 US

Title: T
Name: WOOD, JAMES
Address: 406 BEAVER RUN STREET
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S
Name: CROMER, MARILYN
Address: 16 RICKERT DRIVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MEM.
Name: COLLIER, MIKE
Address: 314 BELLE TOWER AVENUE
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARILYN L. CROMER

SEC.

04/10/2010

Electronic Signature of Signing Officer or Director

Date