

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07835

FILED
Feb 28, 2011
Secretary of State

Entity Name: TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

18 RICKERT DRIVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

18 RICKERT DRIVE
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2522188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WHITE, FRED
340 BELLE TOWER AVENUE
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: MARILYN L. CROMER

02/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: COLLIER, MICHAELL
Address: 314 BELLE TOWER AVENUE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP
Name: WHITE, FRED
Address: 342 BELLE TOWER AVENUE
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: BANNISTER, PAULA
Address: 9 AUSTIN DRIVE
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: SIGNATURE OBTAINED

SEC

02/28/2011

Electronic Signature of Signing Officer or Director

Date