


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90042 010 ****61.25

DOCUMENT # N20650 1. Entity Name TROPICAL EAST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2745 TROPICAL EAST CIRCLE PORT ST. LUCIE, FL 34952			Mailing Address 2745 TROPICAL EAST CIRCLE PORT ST. LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GORMAN, JAMES 2619 TROPICAL EAST CIRCLE PORT SAINT LUCIE, FL 34952				7. Name and Address of New Registered Agent Name DAVID H. BROCK Street Address (P.O. Box Number is Not Acceptable) 2606 TROPICAL EAST CIRCLE City PORT ST. LUCIE FL 34952	
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 DAVID H. BROCK <small>Signature, typed or printed name of registered agent and title if applicable</small>		DAVID H. BROCK <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 2/8/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	P <input checked="" type="checkbox"/> Delete				
NAME	GORMAN, JAMES				
STREET ADDRESS	2619 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952				
TITLE	VP <input checked="" type="checkbox"/> Delete				
NAME	BROCK, DAVE				
STREET ADDRESS	2606 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952				
TITLE	T <input checked="" type="checkbox"/> Delete				
NAME	RIPLY, ELAIN				
STREET ADDRESS	2551 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952				
TITLE	S <input checked="" type="checkbox"/> Delete				
NAME	MORREALE, ANGELINA				
STREET ADDRESS	2549 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952				
TITLE	D <input type="checkbox"/> Delete				
NAME	CIANCARELLI, VINCENT				
STREET ADDRESS	2607 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DAVID H. BROCK				
STREET ADDRESS	2606 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PT ST LUCIE, FL 34952				
TITLE	J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	WILLIAM PIZETSKY				
STREET ADDRESS	2646 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PT. ST LUCIE, FL 34952				
TITLE	TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BRUCE DIAMOND				
STREET ADDRESS	2743 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PT. ST LUCIE, FL 34952				
TITLE	SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	WINIFRED JOELHUMSEN				
STREET ADDRESS	2634 TROPICAL EAST CIRCLE				
CITY-ST-ZIP	PT. ST LUCIE, FL 34952				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: DAVID H. BROCK DAVID H. BROCK 2/8/05 772-335-8878 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					