2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90377 028 ****61.25

DOCUMENT # N20650

1. Entity Name

TROPICAL EAST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2745 TROPICAL EAST CIRCLE PORT ST. LUCIE FL 34952	2745 TROPICAL EAST CIRCLE PORT ST. LUCIE FL 34952

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 34952 Country ST. LUCIE	Zip 34952 Country USA

4. FEI Number 65-0058100 ☐ 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
~~PRICE, ALICE M~~ AL McINTIRE ~~2516 TROPICAL E CIR~~ 2536 TROPICAL EAST CIR ~~PORT SAINT LUCIE FL 34952~~ PORT ST. LUCIE, FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

X SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 PRICE, ALICE M 2516 TROPICAL E CIR PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P AL McINTIRE 2536 TROPICAL EAST CIR. PORT ST. LUCIE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIZETZKY, WILLIAM 2646 TROPICAL EAST CIRCLE PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VP FRED HEMSLEY 2604 TROPICAL EAST CIR. PORT ST. LUCIE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAREY, MARILYN 2625 TROPICAL E CIR PORT SAINT LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINNIFRED, JOCHOMSEN 2634 TROPICAL E CIR PORT SAINT LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D HENRY MILLO 2426 TROPICAL EAST CIR. PORT ST. LUCIE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILWAY, DEAN 2448 TROPICAL E CIR PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition JANICE ROSE 2744 TROPICAL EAST CIR PORT ST. LUCIE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DRIAER, CHRIS 2648 TROPICAL E CIR PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S ROSEMARY ELLIOTT 2615 TROPICAL EAST CIR. PORT ST. LUCIE, FL 34952

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

X **SIGNATURE:** Al McIntire

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