2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

					1 Secretary of State			
DOCUMENT # N20650 1. Entity Name TROPICAL EAST HOMEOWNERS' ASSOCIATION, INC.				Tex	04-23-2008 900	•		
2745 TROPI	ce of Business CAL EAST CIRCLE LUCIE, FL 34952	Mailing Address 2745 TROPICAL EAST (PORT ST. LUCIE, FL 34			RIS ADIOS ATIST WHY MAY SIND	1 BYEN BUEN BYEN 6'8') DISING		
Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP C	R2E037 (12/06)		
City & State		City & State	City & State		100		plied For t Applicable	
Zip	Country	Zip	Cip Country		Status Desired	\$8.75 Add	litional	
	-6Name and Address of Current	Registered Agent		7. Name and A	ddress of New Regis			
			Name					
MCINTIRE, AL 2536 TROPICAL EAST CIR PORT SAINT LUCIE, FL 34952				Street Address (P.O. Box Number is Not Acceptable)				
	1001E, FE 0-100E							
			City			FL Zip Code	9	
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 familier with, and acc							and accept	
the obligat	tions of registered agent.							
SIGNATURE								
	Signature, types or printed name or registered again.	and one il appacame. (NOI)	:: Hegistered Agent signati	ure required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
1			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 DI	RECTORS	11.	ADDITIONS/CHAN	IGES TO OFFICERS A	AND DIRECTORS IN	10	
TITLE	Р	☐ Delete	TITLE			☐ Change	Addition	
NAME CTRCET ACCRECA	MCINTIRE, AL		NAME					
STREET ADDRESS CITY-ST-ZIP	2536 TROPICAL EAST CIR PORT SAINT LUCIE, FL 34952		STREET ADDRESS CITY-ST-ZIP					
TITLE	VP	☐ Delete	0117-31-21					
NAME	HEMSLEY, FRED		Trite		 	Chann	- Addition	
STREET ADDRESS			TITLE NAME			Change	Addition	
CITY-ST-ZIP	2604 TROPICAL EAST CIR		TITLE NAME STREET ADDRESS			☐ Change	Addition	
	2604 TROPICAL EAST CIR PORT SAINT LUCIE, FL 34952		NAME			-	Addition	
TITLE -	PORT SAINT LUCIE, FL 34952	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	JON HAW	u)A	-	Addition	
NAME	PORT SAINT LUCIE, FL 34952 T MAREY, MARILYN	-	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JON HAND	UA DIGALEASTI	-		
	PORT SAINT LUCIE, FL 34952 T MAREY, MARILYN 2625 TROPICAL E CIR	-	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JON HANG 2545 TROS PORT STLUCIO	UA PIEALEASTO E. FI 24	-		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PORT SAINT LUCIE, FL 34952 T MAREY, MARILYN 2625 TROPICAL E CIR PORT SAINT LUCIE, FL 34952 D WINNIFRED, JOCHOMSEN 2634 TROPICAL E CIR	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JON HAND 2545 TROS PORT STLUCIO REGIVA VI 2538 TROP PORT STEP	UA PIEALEAST ARCA ICALEASTO	Whange Circle 952	Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE.

PORT SAINT LUCIE, FL 34952

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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