

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37421

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** TROPICAL SHORES ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5514 OLD OCEAN BLVD  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

5514 OLD OCEAN BLVD  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

**FEI Number:** 65-0202455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCINTYRE, LINDA  
5514 OLD OCEAN BLVD  
OCEAN RIDGE, FL 33435 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MCINTYRE, LINDA,  
Address: 5514 OLD OCEAN BLVD  
City-St-Zip: OCEAN RIDGE, FL

Title: D ( ) Delete  
Name: ARCELAY, KEN & LILLIANE  
Address: 5516 OLD OCEAN BLVD  
City-St-Zip: OCEAN RIDGE, FL

Title: D ( ) Delete  
Name: MCINTYRE, CHARLES  
Address: 5514 OLD OCEAN BLVD.  
City-St-Zip: OCEAN RIDGE, FL

Title: D ( ) Delete  
Name: MAY, JOHN  
Address: 5512 OLD OCEAN BLVD.  
City-St-Zip: OCEAN RIDGE, FL

Title: D ( ) Delete  
Name: MCGINN, LYNNE  
Address: 5518 OLD OCEAN BLVD.  
City-St-Zip: OCEAN RIDGE, FL 33425

Title: PRES ( ) Delete  
Name: MCINTYRE, LINDA  
Address: 5514 OLD OCEAN BLVD  
City-St-Zip: OCEAN RIDGE, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA MCINTYRE

PRES

01/15/2007

Electronic Signature of Signing Officer or Director

Date