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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:30

DOCUMENT # N38477 (8)

1. Corporation Name

TROPICAL ISLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
252 TRAVIS CAY PL FORT PIERCE FL 34982 US	252 TRAVIS CAY PL FORT PIERCE FL 34982 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1990
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0091258 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHIAROLANZIO, JOHN
255 MANGROVE BAY PL
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: Katie Billie
82 Street Address (P.O. Box Number is Not Acceptable): 363 Tropical Isles Cir
83
84 City: Ft Pierce FL 85 Zip Code: 34982

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Katie B. Billie
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	President DP	☒ Change ☐ Addition
NAME	CHIAROLANZIO, JOHN	12 NAME	Katie Billie	
STREET ADDRESS	255 MANGROVE BAY PL	13 STREET ADDRESS	363 Tropical Isles Cir	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	Ft Pierce FL 34982	
TITLE	DV	21 TITLE	V. President DV	☒ Change ☐ Addition
NAME	WILSON, HAROLD	22 NAME	Marie Pelican	
STREET ADDRESS	552 TROPICAL ISLES CIR	23 STREET ADDRESS	536 Thames Bluff Ridge	
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP	Ft Pierce FL 34982	
TITLE	DS	31 TITLE	Secretary DS	☒ Change ☐ Addition
NAME	AUSTIN, JOAN	32 NAME	Dolores Chiarolanzio	
STREET ADDRESS	529 HEMINGWAY TER	33 STREET ADDRESS	255 Mangrove Bay Pl.	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	Ft Pierce FL 34982	
TITLE	DT	41 TITLE	Treasurer DT	☒ Change ☐ Addition
NAME	SANTOS, DONALD M	42 NAME	Mary Lou Ulak	
STREET ADDRESS	476 HEMINGWAY TER	43 STREET ADDRESS	532 Thames Bluff Ridge	
CITY-ST-ZIP	FT. PIERCE FL	44 CITY-ST-ZIP	Ft Pierce FL 34982	
TITLE	D	51 TITLE	Social Director D	☒ Change ☐ Addition
NAME	PELICAN, MARIE	52 NAME	Pauline Kane	
STREET ADDRESS	536 THAMES BLUFF RIDGE	53 STREET ADDRESS	364 Tropical Isles Cir	
CITY-ST-ZIP	FT. PIERCE FL	54 CITY-ST-ZIP	Ft Pierce FL 34982	
TITLE	D	61 TITLE	Director at Large D	☒ Change ☐ Addition
NAME	HAGER, JOHN	62 NAME	Madeline Lennon	
STREET ADDRESS	223 TRAVIS CAY PL	63 STREET ADDRESS	5681 Hemingway Court	
CITY-ST-ZIP	FORT PIERCE FL	64 CITY-ST-ZIP	Ft Pierce FL 34982	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Katie B. Billie — 3/23/95 — 407-466-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D07024B