

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N38477** (8)
1. Corporation Name
TROPICAL ISLES HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address
**252 TRAVIS CAY PL
FORT PIERCE FL 34982
US**

3. Date Incorporated or Qualified
06/06/1990

3a. Date of Last Report
03/28/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0091258		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**BILLIE, KATIE
363 TROPICAL ISLES CIR
FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name	CAROL SANDT		
82 Street Address (P.O. Box Number is Not Acceptable)	323 Sea Horse Terrace		
83	Fort Pierce, Fl. 34982		
84 City	Fort Pierce	85 FL	86 Zip Code 34982

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Carol Sandt*
Signature, typed or printed name of registered agent and title if applicable.

CAROL SANDT, PRESIDENT

2/3/96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT (DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLIE, KATIE	1.2 NAME	CAROL SANDT
STREET ADDRESS	363 TROPICAL ISLES CIR	1.3 STREET ADDRESS	323 Sea Horse Terrace
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, Fl. 34982
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT (DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELICAN, MARIE	2.2 NAME	CHARLES GERSTEL
STREET ADDRESS	536 THAMES BLUFF RIDGE	2.3 STREET ADDRESS	468 Hemingway Terrace
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce, Fl. 34982
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY (DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIAROLANZIO, DOLORES	3.2 NAME	LILLIAN GIBSON
STREET ADDRESS	255 MANGROVE BAY PLACE	3.3 STREET ADDRESS	388 Tropical Isles Circle
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	Fort Pierce Fl. 34982
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER (DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIAK, MARY LOU	4.2 NAME	R. R. CLEMENS
STREET ADDRESS	532 THAMES BLUFF RIDGE	4.3 STREET ADDRESS	474 Thames Bluff Ridge
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Fort Pierce Fl. 34982
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, PAULINE	5.2 NAME	RAY BROPHY
STREET ADDRESS	306 TROPICAL ISLES CIR.	5.3 STREET ADDRESS	5684 Hemingway Terrace
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	Fort Pierce Fl. 34982
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENON, MADELINE	6.2 NAME	Don Santos
STREET ADDRESS	5681 HEMINGWAY COURT	6.3 STREET ADDRESS	476 Hemingway Terrace
CITY-ST-ZIP	FORT PIERCE FL	6.4 CITY-ST-ZIP	Fort 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: *Carol Sandt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL SANDT, PRESIDENT

2/3/96

407 467 1007

Date

Daytime Phone #

CR2E037 (12/95)