

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38477** (8)  
1. Corporation Name  
**TROPICAL ISLES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>252 TRAVIS CAY PL FORT PIERCE FL 34982 US</b>	Mailing Address <b>252 TRAVIS CAY PL FORT PIERCE FL 34982-7824 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/06/1990</b>	3a. Date of Last Report <b>02/07/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0091258</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SANDT, CAROL 323 SEAR HORSE TERRACE FT. PIERCE FL 34982</b>		10. Name and Address of New Registered Agent	
81	Name	<b>R. R. Clemens</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>474 Thames Bluff Ridge</b>	
83			
84	City	85	Zip Code
	<b>Fort Pierce</b>	<b>FL</b>	<b>34982</b>

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 R.R. Clemens **R. R. Clemens (Treas)** **3/28/97**  
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDT, CAROL</b>	1.2 NAME	<b>Lynn Greene</b>
STREET ADDRESS	<b>323 SEA HORSE TERRACE</b>	1.3 STREET ADDRESS	<b>508 Thames Bluff Ridge</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	1.4 CITY-ST-ZIP	<b>Fort Pierce FL 34982</b>
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERSTEL, CHARLES</b>	2.2 NAME	<b>Nedine Ginn</b>
STREET ADDRESS	<b>468 HEMINGWAY TERRACE</b>	2.3 STREET ADDRESS	<b>252 Sea Conch Place</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	2.4 CITY-ST-ZIP	<b>Fort Pierce FL 34982</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBSON, LILLIAN</b>	3.2 NAME	<b>Sub Condit</b>
STREET ADDRESS	<b>388 TROPICAL ISLES CIRCLE</b>	3.3 STREET ADDRESS	<b>484 Tropical Isle Circle</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	3.4 CITY-ST-ZIP	<b>Fort Pierce FL 34982</b>
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEMENS, R. R.</b>	4.2 NAME	
STREET ADDRESS	<b>474 THAMES BLUFF RIDGE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROPHY, RAY</b>	5.2 NAME	<b>Barbara Anderson</b>
STREET ADDRESS	<b>5684 HEMINGWAY TERRACE</b>	5.3 STREET ADDRESS	<b>5541 Hemingway Court</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	5.4 CITY-ST-ZIP	<b>Fort Pierce FL 34982</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTOS, DON</b>	6.2 NAME	<b>Ann Gundick</b>
STREET ADDRESS	<b>476 HEMINGWAY TERRACE</b>	6.3 STREET ADDRESS	<b>353 Seahouse Terrace</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	6.4 CITY-ST-ZIP	<b>Fort Pierce FL 34982</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R.R. Clemens **R. R. Clemens (Treas)** **3/28/97** **561-468-9946**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071800

CR2E037 (9/96)