

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 65-0091258	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CLEMENS, R. R.
474 THOMAS BLUFF RIDGE
FT PIERCE FL 34982**

10. Name and Address of New Registered Agent 81 Name Dorothy McDonnell 82 Street Address (P.O. Box Number is Not Acceptable) 206 Sea Conch Pl. 83 84 City Ft. Pierce FL 85 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 *Dorothy M. McDonnell* **Dorothy McDonnell** 3/24/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GREEN, LYNN
STREET ADDRESS	508 THAMES BLUFF RIDGE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	GINN, NADINE
STREET ADDRESS	252 SEA CONCH PLACE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CONDIT, SUE
STREET ADDRESS	424 TROPICAL ISLE CIRCLE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	CLEMENS, R. R.
STREET ADDRESS	474 THAMES BLUFF RIDGE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, BARBARA
STREET ADDRESS	5541 HEMINGWAY COURT
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GUNDICK, ANN
STREET ADDRESS	353 SEAHOURSE TERRACE
CITY-ST-ZIP	FORT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anthony Gimino
1.3 STREET ADDRESS	232 Sandy Bottom Pl.
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Concannon
2.3 STREET ADDRESS	528 Thames Bluff Ridge
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joan Parbus
3.3 STREET ADDRESS	416 Tropical Isles Circle
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dorothy McDonnell
4.3 STREET ADDRESS	206 Sea Conch Pl.
4.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jules Rosato
5.3 STREET ADDRESS	210 Sandy Bottom Pl.
5.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Clark Schaff
6.3 STREET ADDRESS	252 Old Key West Pl.
6.4 CITY-ST-ZIP	Ft. Pierce, FL 34982

14. I 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: *Dorothy M. McDonnell* **DOROTHY M. McDONNELL (TREAS)** 3/24/98 (SW) 468-3249

CR2E037 (10/97)