

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90190 007 \*\*\*\*61.25

DOCUMENT # N38477

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

114324 90190 7 4 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/06/1990

4. FEI Number

65-0091258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCDONNELL, DOROTHY  
206 SEA CONCH PL  
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name SARAH McGOUGH

82 Street Address (P.O. Box Number is Not Acceptable)  
491 THAMES BLUFF RIDGE

83 FT. PIERCE

84 City

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 SARAH McGOUGH - Sarah McGough, TREAS.

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 ☐ DELETE

NAME CIMINO, ANTHONY  
STREET ADDRESS 232 SANDY BOTTOM PL  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE VPD ☐ DELETE

NAME CONCANNON, WILLIAM  
STREET ADDRESS 528 THAMES BLUFF RIDGE  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE SD ☐ DELETE

NAME PARBUSN, JOAN  
STREET ADDRESS 416 TROPICAL ISLES CIR  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE TD ☒ DELETE

NAME MCDONNELL, DOROTHY  
STREET ADDRESS 206 SEA CONCH FL  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE D ☒ DELETE

NAME ROSATO, JULES  
STREET ADDRESS 210 SANDY BOTTOM PL  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE D ☐ DELETE

NAME SCHAFF, CLARK  
STREET ADDRESS 252 OLD KEY WEST PL  
CITY-ST-ZIP FORT PIERCE FL 34982

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

SARAH McGOUGH - Sarah McGough, TREAS.

Date

11/19/99

Daytime Phone #

561-460-9744

CR2E037 (11/98)