## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N38477** 1. Entity Name TROPICAL ISLES HOMEOWNERS ASSOCIATION, INC.

## **FILED** Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90218 001 \*\*\*\*61.25

					]				
Principal Place of Business Mailing Address					]				
252 TRAVIS C		252 TRAVIS CAY PL			}				
Fort Pierce US	FL 34982	FORT PIERCE FL 34982-7924 US							
00	,	00				A M.O. (2).O.) 10(5)   0 (8)( 9)(0)	) (28) B) 8) (1)	BIELS BJELL EI	BU DIGU IPT!
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt	# 010	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Suite, Apt.	, π, etc.								
City & State		City & State		4. FEI Number			A	pplied For	
					65-0091258			Not Applicable	
Zip⊸ .		~Zip	- "Country -		5. Certificate	of Status Desired		8.75 Ad ee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
		Nam	Name						
MOOONO	CARALL		Stree	Street Address (P.O. Box Number is Not Acceptable)					
MCGOUG	h, Sahah IES BLUFF RIDGE		<u> </u>						
111161	E <b>FL 34982</b> des Em 39755 - YOS (1717 MPC) ALEXE EM	,	City	:		· · ·	FL	Zip Cod	de
8 The above	e named entity submits this statement	for the purpose of changing its	registered office	or register	ed agent or bot	h in the state of Flo		<del>-</del>	
o. The above	* Tarried entity, soothing this statement	the purpose of changing its	registered onice	e or register	ed agent, or bot	, in the state of the	origa.		•
	EL MENTE HOLDER			-			•		
SIGNATURE	\$500 NEEDEN TOWN T MARIE	<del></del>				<del></del>			
<u></u>	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent si	gnature required	when reinstating)		DATE		
					,			<b></b> .	_
	FILE NOW: FEE IS \$61.25			00 May Be do Fees Make Check Payable to Department of State					
	FEE 13 \$01.25	110001 0710 0071010		Adde	101663		partificin	OI State	;
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CH/	ANGES TO OFFICE	RS AND DIF	ECTORS I	N 10
TITLE	PD	Delete	TITLE	PD		.1.11		Change	☐ Addition
NAME	CIMINO, ANTHONY	•	NAME	CON	CANNON,	BLUFF K	Dilloc -	•	
STREET ADDRESS	232 SANDY BOTTOM PL		STREET ADDRES	ss 5 28	THAMES	BLUFF	(100=		
CITY-ST-ZIP	FT. PIERCE FL 34982		CITY-ST-ZIP	FT	PIERC	E, A. 34	1982		
TITLE	VPD	Delete	TITLE	VPD	Call	ACE		Change	Addition Addition
NAME emicet aborece	CONCANNON, WILLIAM	entre de la companya della companya	NAME STREET ADDRES	CLA	AK SUM	AFF J. WEST	PL		
STREET ADDRESS CITY-ST-ZIP	528 THAMES BLUFF RIDGE     FT. PIERCE FL 34982		CITY-ST-ZIP	3 75 T	OLD RO	FL 34	1000		
TITLE	SD -	<b>≥</b> Delete	TITLE			•	-	Change	Addition
NAME	PARBUSN, JOAN	Delete	NAME	4314	APSON,	DCLOR	<b>e</b> S -	Change	Addition
STREET ADDRESS	416 TROPICAL ISLES CIR		STREET ADDRES	ss 3 cc	SEAHOR	LSE TERR	eace		
CITY-ST-ZIP	FT. PIERCE FL 34982		CITY-ST-ZIP	Et	PICR	DELORI LSC TERM CE, FL	3491	ンレ	
TITLE	TD	☐ Delete	TITLE		7-1			Change	☐ Addition
NAME	MCGOUGH, SARAH		NAME						
STREET ADDRESS	491 THAMES BLUFF RIDGE		STREET ADDRES	SS					
CITY-ST-ZIP	FT. PIERCE FL 34982		CITY-ST-ZIP						
TITLE	D	🔀 Delete	TITLE	Dog	SATO. J	uLas	01.4-	☐ Change	<b>X</b> Addition
NAME	AUBIN, BURT		NAME CERCET APPROX	270	SANDY	Bottom	PLAC	G	ı
STREET ADDRÉSS CITY-ST-ZIP	240 TRAVIS CAY PLACE	•	STREET ADDRES	" Ft	0,000	0 C1	3491	2	İ
	FT. PIERCE FL 34982	Delete	TITLE	1 <del>// //</del>	1. 1 CAC	BOTTOM Ce, FL KATIE ICAL IS	J 1 / 0	☐ Change	Addition
TITLE NAME	SCHAFF, CLARK	<b>Å</b> ⊅ Delete	NAME	BI	LLIC,	KATIL	1 /		X AUGILIUM
STREET ADDRESS	252 OLD KEY WEST PL		STREET ADDRES	ss 3 6	3 TR6P	ICAL. IS	רכין נ	IKI	
CITY-ST-ZIP	FORT PIERCE FL 34982	•	CITY-ST-ZIP	FI	PICRO	CE, FL	349	182	
12. I hereby	certify that the information supplied wi	th this filing does not qualify fo	r the exemption	stated in Se	ction 119.07(3)(i	i), Florida Statutes.	i further certi	ify that the i	information
indicated	on this report or supplemental report.	is true and accurate and that r	ny signatura sha	ill have the s	same legal effect	t as if made under a	oath: that Lar	n an officer	r 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.