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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
'95 JUN -9 AM 9:18

DOCUMENT # N38527 (0)

1. Corporation Name

TROPIC SHORES CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
C/O BILL CARLSON 3 SUNSHINE BLVD. ORMOND BEACH FL 32174-2921	C/O BILL CARLSON 3 SUNSHINE BLVD. ORMOND BEACH FL 32174-2921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1990
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-3037141 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARLSON, BILL
3 SUNSHINE BLVD.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (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	11 TITLE	☑ Change ☐ Addition
NAME	CARLSON, BILL	12 NAME	
STREET ADDRESS	3 SUNSHINE BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	DENKINS, PATTI	22 NAME	Denkins-Barker, Patricia
STREET ADDRESS	3 SUNSHINE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	SECRETARY / TREASURER ☐ Change ☑ Addition
NAME	CARLSON, DEAN	32 NAME	MISTY REEP
STREET ADDRESS	3 SUNSHINE BLVD.	33 STREET ADDRESS	3111 So. ATLANTIC AVE.
CITY-ST-ZIP	ORMOND BEACH FL	34 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL
TITLE		41 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME		42 NAME	DICK COHEN
STREET ADDRESS		43 STREET ADDRESS	3111 S. ATLANTIC AVE
CITY-ST-ZIP		44 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL
TITLE		51 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME		52 NAME	MAURICE CASEN
STREET ADDRESS		53 STREET ADDRESS	3111 S. ATLANTIC AVE
CITY-ST-ZIP		54 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Patti A. Denkins-Barker — 6-05-95 — 904-677-0573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patti A. Denkins-Barker

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