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May 20 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 # 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

3. Date Incorporated or Qualified: 06/11/1990

4. FEI Number: 59-3037141 ☐ Applied For ☐ Not Applicable

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 / Country 24 / 25	Zip / Country 29 / 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARLSON, DEAN 3 SUNSHINE BLVD ORMOND BEACH FL 32174	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CASON-REVELS, MAURECE		1.2 NAME	
STREET ADDRESS	3111 S ATLANTIC AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, PATTI		2.2 NAME	
STREET ADDRESS	3 SUNSHINE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REEP, MISTY		3.2 NAME	
STREET ADDRESS	3 SUNSHINE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, DICK		4.2 NAME	
STREET ADDRESS	3111 S ATLANTIC AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EDMUNDSON, MARGARET		5.2 NAME	
STREET ADDRESS	3111 S. ATLANTIC AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RISPOLI, FRED		6.2 NAME	
STREET ADDRESS	3012 NE 7TH LN		6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: Patti Barker President