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FILED
Apr 08, 1999 8:00 am
Secretary of State
04-08-1999 90003 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N38527

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

2. Principal Place of Business	2a. Mailing Address
21 3111 S. ATLANTIC AVE	26 AQUA SUN INVESTMENT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO BOX 2009
City & State 23 DAYTONA BEACH SHORES, FL	City & State 28 ORMOND BEACH FL
Zip / Country 24 32118 25	Zip / Country 29 32174 30

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

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

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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARKER, PATTI		1.2 NAME		
STREET ADDRESS	3 SUNSHINE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REEP, MISTY		2.2 NAME		
STREET ADDRESS	3 SUNSHINE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	COHEN, DICK		3.2 NAME	COHEN, RICHARD	
STREET ADDRESS	3111 S ATLANTIC AVE		3.3 STREET ADDRESS	4313 NORTHWEST 32ND ST.	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL		3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	EDMUNDSON, MARGARET		4.2 NAME		
STREET ADDRESS	3111 S. ATLANTIC AVE.		4.3 STREET ADDRESS	652 CARTER CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL		4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RISPOLI, FRED		5.2 NAME		
STREET ADDRESS	3012 NE 7TH LN		5.3 STREET ADDRESS	699 S.W. 59TH ST	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	OCALA, FL 34474	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	GALLANT, PAUL	
STREET ADDRESS			6.3 STREET ADDRESS	15012 COLLEY DR.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAVARES, FL 32778	

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: Patti Barker SIGNATURE REQUIRED — 904-677-0573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATTI BARKER, PRESIDENT

CR2E037 (11/98)