

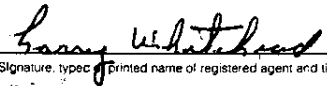
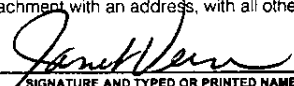


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90041 019 ****61.25

DOCUMENT # N42440 1. Entity Name TROPIC ISLES MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 148 MAUI DR. PALMETTO, FL 34221 US			Mailing Address 148 MAUI DR. PALMETTO, FL 34221 US		
2. Principal Place of Business - No P.O. Box # 351 Tampico Dr.		3. Mailing Address 351 Tampico Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Palmetto, FL		City & State Palmetto, FL			
Zip 34221		Country US		4. FEI Number 59-2396106	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROBINSON, ALICE 148 MAUI DR. PALMETTO, FL 34221				7. Name and Address of New Registered Agent Name Whitehead, Larry Street Address (P.O. Box Number is Not Acceptable) 351 Tampico Dr. City Palmetto FL Zip Code 34221	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Larry Whitehead, Director 4-14-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEHEAD, LARRY 351 TAMPICO DR. PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whitehead, Larry 351 Tampico Dr. Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CADIZ, BILL 17 FLORES DRIVE PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vern, Janet 205 Bimini Dr. Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, ALICE 148 MAUI DR. PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Sumler, Deane 173 Bimini Dr. Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOGG, CARL 2800 TRINIDAD WAY PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATES, Marjorie 93 Del Rio Dr. Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEILSEN, RICHARD 342 TERRA CEIA DRIVE PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Janet Vern, President 4-14-2008 941-723-3780 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					