

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43008 (4)
1. Corporation Name
TROPICAL ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **1901 N.E. SAVANNAH ROAD**
~~POST OFFICE BOX 3044 N/A~~
JENSEN BEACH FL 34958

Mailing Address: **1901 N.E. SAVANNAH ROAD**
~~POST OFFICE BOX 3044 N/A~~
JENSEN BEACH FL 34958

3. Date Incorporated or Qualified: **04/17/1991**

3a. Date of Last Report: **03/17/1995**

4. FEI Number: **65-0256938**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1901 NE SAVANNAH ROAD**
Suite, Apt. #, etc.

2a. Mailing Address: **26 1901 NE SAVANNAH ROAD**
Suite, Apt. #, etc.

23. City & State: **JENSEN BEACH, FL.**

27. City & State: **JENSEN BEACH, FL.**

24. Zip: **34958**

29. Zip: **34958**

9. Name and Address of Current Registered Agent

PRESTIGE PROPERTY MANAGEMENT OF MARTIN CTY
3125 SW MAPP RD
46 NORTH WASHINGTON BOULEVARD, SUITE 1
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: **PRESTIGE PROPERTY MGMT OF MARTIN CTY**

82 Street Address (P.O. Box Number is Not Acceptable): **3125 SW MAPP RD**

83

84 City: **PALM CITY**

85 Zip Code: **FL 34990**

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: **DEAN McDONALD** *[Signature]* **4/4/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARNOLD, DELEVAN J	
STREET ADDRESS	340 TROPICALIA	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	THIEBAULT, MARGIE	
STREET ADDRESS	338 SOUTH SEAS	
CITY-ST-ZIP	JANSEN BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOYLE, MARION	
STREET ADDRESS	248 TIARE-GIE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STAPLETON, LARRY	
STREET ADDRESS	347 TROPICALIA	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, JEAN	
STREET ADDRESS	615 TAHITI	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOREAU, JAN	
STREET ADDRESS	318 CARDINAL	
CITY-ST-ZIP	JENSEN BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LeTOURNEAU, EMILE	
1.3 STREET ADDRESS	307 TROPICALIA	
1.4 CITY-ST-ZIP	JENSEN BEACH, FL.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SORENSEN, PETER	
2.3 STREET ADDRESS	622 GARDENVIEW	
2.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 a address.

SIGNATURE: *[Signature]* **4-2-96** **334-2751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)