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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90081 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N43008**

1. Corporation Name  
**TROPICAL ACRES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
 1901 NE SAVANNAH ROAD  
 JENSEN BEACH FL 34658  
 US

Mailing Address  
~~P.O. BOX 8385  
 STUART FL 34995  
 US~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1901 Savannah Road NE	26	1901 Savannah Road NE	04/17/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0256938	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	Jensen Beach FL	28	Jensen Beach FL	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29	34957	30	Martin

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
PRESTIGE PROPERTY MGMT OF MARTIN COUNTY 7601 SW LOST RIVER ROAD STUART FL 34995				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				3005 SE Woodring Lane				
				83				
				84	City	FL	85	Zip Code
				Port St Lucie			34952	

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: *Gretta Braunigan* PRES. Condo Connection Inc. DATE: Mar. 2, 1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOLD, DELEVAN J			1.2 NAME			
STREET ADDRESS	340 TROPICALIA			1.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LE TOURNEAU, EMILE			2.2 NAME			
STREET ADDRESS	307 TROPICALIA			2.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			2.4 CITY-ST-ZIP			
TITLE	DTD	<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STACK, JAMES			3.2 NAME			
STREET ADDRESS	337 TIARE CIR			3.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STANABACK, DIXIE			4.2 NAME			
STREET ADDRESS	608 TAHITI			4.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			4.4 CITY-ST-ZIP			
TITLE	TSD	<input type="checkbox"/> DELETE		5.1 TITLE	SECRETARY, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYLES, MARION			5.2 NAME	BOYLE, MARION		
STREET ADDRESS	343 TIARA			5.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSSELL, WILLIAM			6.2 NAME			
STREET ADDRESS	316 CARDINAL			6.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL 34957			6.4 CITY-ST-ZIP			

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: *Delevan J Arnold* **3-2-99** **334-2751**

CR2E037 (11/98)