

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43008

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90060 026 ****61.25

1. Entity Name

TROPICAL ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1901 NE SAVANNAH ROAD
 JENSEN BEACH FL 34658
 US

1901 NE SAVANNAH ROAD
 JENSEN BEACH FL 34957-5321
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0256938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDO CONNECTION, INC.
 3005 SE WOODRING LANE
 PORT ST LUCIE FL 34952

Name Connie J. Robinson
 Street Address (P.O. Box Number is Not Acceptable)
1988 SE Monroe St
Stuart FL 34997
 City Stuart FL Zip Code 34997

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.

SIGNATURE Connie J. Robinson Connie J. Robinson, Agent 2-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, DELEVAN J	
STREET ADDRESS	340 TROPICALIA	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LE TOURNEAU, EMILE	
STREET ADDRESS	307 TROPICALIA	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	STACK, JAMES	
STREET ADDRESS	337 TIARE CIR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANABACK, DIXIE	
STREET ADDRESS	608 TAHITI	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOYLE, MARION	
STREET ADDRESS	343 TIARA	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, WILLIAM	
STREET ADDRESS	316 CARDINAL	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlen, Judith	
STREET ADDRESS	614 Gardenview	
CITY-ST-ZIP	Jensen Bch FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Letourneau Emile	
STREET ADDRESS	307 Tropicalia	
CITY-ST-ZIP	Jensen Bch FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanaback, Dixie	
STREET ADDRESS	608 Tahiti	
CITY-ST-ZIP	Jensen Bch FL 34957	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyle, Marion	
STREET ADDRESS	343 Tiara	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, William	
STREET ADDRESS	316 Cardinal	
CITY-ST-ZIP	Jensen Bch FL 34957	

12. 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 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: William Russell 2-25-00 561-334-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)