

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90151 045 ****61.25

DOCUMENT # N43008

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 34658
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, CONNIE J
1988 SE MONROE ST
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	D	<input type="checkbox"/> Delete
NAME	CARLEN, JUDITH	
STREET ADDRESS	614 GARDENVIEW	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" 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	PD	<input type="checkbox"/> Delete
NAME	STANABACK, DIXIE	
STREET ADDRESS	608 TAHITI	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, MARION	
STREET ADDRESS	343 TIARA	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RUSSELL, WILLIAM	
STREET ADDRESS	316 CARDINAL	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles McCarthy	
STREET ADDRESS	607 Gardenview	
CITY-ST-ZIP	Jensen Bch, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorthy Reyes	
STREET ADDRESS	350 Tropicalia	
CITY-ST-ZIP	Jensen Bch. FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature of Dixie Stanaback
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/02

CR2E037 (9/01)