

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 # **N50254** (4)  
1. Corporation Name  
**TROPICAL HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**4808 - 29TH AVENUE WEST** **4808 - 29TH AVENUE WEST**  
**BRADENTON FL 34209** **BRADENTON FL 34209**

3. Date Incorporated or Qualified **08/03/1992** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **2811 51st St. West** 26 **2811 51st St. West**

4. FEI Number **65-0355619** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

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

22 City & State 27 City & State  
23 **Bradenton, Florida** 28 **Bradenton, Florida**

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

24 Zip 25 Country 29 Zip 30 Country  
**34209** **Manatee** **34209** **Manatee**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZIELINSKI, RUBY L.**  
**4808 29TH AVENUE WEST**  
**BRADENTON FL 34209**

81 Name **Stephen J. Sikora**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2811 51st St. West**  
83  
84 City **Bradenton,** FL 85 **34209**

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 *Stephen J. Sikora* SD 4-23-96  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	<b>ZIELINSKI, RUBY L.</b>	<b>4808 29TH AVENUE WEST</b>	<b>BRADENTON FL</b>	<input checked="" type="checkbox"/>
VD	<b>FOWLER, ROBERT E.</b>	<b>2908 48TH STREET WEST</b>	<b>BRADENTON FL</b>	<input checked="" type="checkbox"/>
SD	<b>SIKORA, STEPHEN J.</b>	<b>2811 51ST STREET WEST</b>	<b>BRADENTON FL</b>	<input type="checkbox"/>
TD	<b>MCGLYNN, LINDA F.</b>	<b>4908 28TH AVENUE WEST</b>	<b>BRADENTON FL</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	<b>Whatley, Bobby</b>	<b>2619 51st St. West</b>	<b>Bradenton, Florida</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	<b>Combs, Frank</b>	<b>4720 26th Av. West</b>	<b>Bradenton, Florida</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	<b>Petersen, Christine</b>	<b>4803 27th Av. West</b>	<b>Bradenton, Florida</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

**400001834084**

**05/22/96 01024-034**

**\*\*\*61.25**

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 unchanged, or on an attachment with an address.

SIGNATURE: *Stephen J. Sikora*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 941-798-6195  
Date Daytime Phone #

CR2E037 (12/95)