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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N93000004731 (6)**
1. Corporation Name
SOUTH TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
**3151 BLUE HORIZON CT.
MERRITT ISLAND FL 32952
US**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified **10/20/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3207627** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FITCH, DANIEL
1240 TROPICAL COVE DR.
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEEHAN, KIM M	12 NAME	
STREET ADDRESS	3151 BLUE HORIZON CT	13 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENN, BERNARD M	22 NAME	COX, MICHAEL
STREET ADDRESS	3130 PEACEFUL ISLE CT.	23 STREET ADDRESS	3152 BLUE HORIZON CT.
CITY - ST - ZIP	MERRITT ISLAND FL	24 CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	DST	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITCH, DANIEL E	32 NAME	VOGT, CHRISTENE
STREET ADDRESS	1240 TROPICAL COVE DR.	33 STREET ADDRESS	3139 LOST LAGOON CT.
CITY - ST - ZIP	MERRITT ISLAND FL	34 CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE		41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	HUGLUND, EDWARD W.
STREET ADDRESS		43 STREET ADDRESS	3161 RED SAILS CT.
CITY - ST - ZIP		44 CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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.

SIGNATURE: *Kim M. Teehan* **KIM M. TEEHAN, PRESIDENT** **APRIL 20, 1995** (407) 454-7442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)