

**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 # **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

3151 BLUE HORIZON CT.  
MERRITT ISLAND FL 32952  
US

3. Date Incorporated or Qualified  
**10/20/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

FITCH, DANIEL  
1240 TROPICAL COVE DR.  
MERRITT ISLAND FL 32952

81 Name **KATHRYN M. DILORETO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1160 TROPICAL COVE DR.**

83

84 City **MERRITT ISLAND**

FL

85 Zip Code  
**32952**

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 *Kathryn M. DiLoreto*  
Signature, typed or printed name of registered agent and title if applicable

**KATHRYN M. DILORETO, SECRETARY**

**3-16-96**  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  DELETE  
NAME **TEEHAN, KIM M**  
STREET ADDRESS **3151 BLUE HORIZON CT**  
CITY-ST-ZIP **MERRITT ISLAND FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE **DV**  DELETE  
NAME **COX, MICHAEL M**  
STREET ADDRESS **3152 BLUE HORIZON CT.**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

TITLE **DS**  DELETE  
NAME **VOGT, CHRISTINE E**  
STREET ADDRESS **3139 LOST LAGOON CT.**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE **DT**  DELETE  
NAME **HOGLUND, EDWARD W**  
STREET ADDRESS **3161 RED SAILS CT.**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *Kim M. Teehan*

**KIM M. TEEHAN, PRESIDENT**

**3-16-96**

**(407) 454-7642**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)