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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32952-6036
US

3. Date Incorporated or Qualified
10/20/1993

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 P.O. Box 542423
Suite, Apt #, etc.

2a. Mailing Address

26 P.O. Box 542423
Suite, Apt #, etc.

4. FEI Number
59-3207627

Applied For
Not Applicable

22 -

27 -

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

23 City & State

Merritt Island, Florida

28 City & State

Merritt Island, Florida

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

24 Zip

32954-2423

25 Country

Brevard

29 Zip

32954-2423

30 Country

Brevard

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

⁰
DILORET, KATHRYN M
1160 TROPICAL COVE DR
MERRITT ISLAND FL 32952

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent; and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	TEEHAN, KIM M	
STREET ADDRESS	3151 BLUE HORIZON CT	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	COX, MICHAEL M	
STREET ADDRESS	3152 BLUE HORIZON CT.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	VOGT, CHRISTINE E	
STREET ADDRESS	3139 LOST LAGOON CT.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HOGLUND, EDWARD W	
STREET ADDRESS	3161 RED SAILS CT.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jennifer Palin, Jennifer M	
1.3 STREET ADDRESS	1100 Tropical Cove Dr.	
1.4 CITY-ST-ZIP	Merritt Island, FL 32952	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ryniewicz, Kevin	
2.3 STREET ADDRESS	3171 Sunset Beach Ct.	
2.4 CITY-ST-ZIP	Merritt Island, FL 32952	
3.1 TITLE	OS, DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Riley, Terry	
3.3 STREET ADDRESS	1260 Tropical Cove Dr	
3.4 CITY-ST-ZIP	Merritt Island, FL 32952	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97

Date

Daytime Phone # 0020074

CR2E037 (9/96)