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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004731 (6)
1. Corporation Name
SOUTH TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business P.O. BOX 542423 MERRITT ISLAND FL 32952 US	Mailing Address P.O. BOX 542423 MERRITT ISLAND FL 32952 US
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3. Date Incorporated or Qualified 10/20/1993	
4. FEI Number 59-3207627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**DILORETP, KATHRYN M
1160 TROPICAL COVE DR
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name DILORETO, KATHRYN M.	
82 Street Address (P.O. Box Number is Not Acceptable) SALE	
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 *Kathryn M. Di Loreto* (NOTE: Registered Agent signature required when reinstating) DATE **4-20-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME PALIN, JENIFER M	1.1 TITLE DS	NAME PALIN, JENNIFER M.
STREET ADDRESS 1100 TROPICAL COVE DR	CITY-ST-ZIP MERRITT ISLAND FL	1.2 NAME	1.3 STREET ADDRESS 1100 TROPICAL COVE DR.
		1.4 CITY-ST-ZIP MERRITT ISLAND FL 32952	
TITLE DV	NAME RYNIEWICZ, KEVIN	2.1 TITLE DP	NAME PAUL A. TEEHAN JR.
STREET ADDRESS 3171 SUNSET BEACH CT	CITY-ST-ZIP MERRITT ISLAND FL	2.2 NAME	2.3 STREET ADDRESS 3151 BLUE HORIZON CT.
		2.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952	
TITLE DSOT	NAME RILEY, TERRY	3.1 TITLE DV	NAME KEITH DUTTER
STREET ADDRESS 1280 TROPICAL COVE DR	CITY-ST-ZIP MERRITT ISLAND FL	3.2 NAME	3.3 STREET ADDRESS 3132 PEACEFUL ISLE CT.
		3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952	
TITLE	NAME	4.1 TITLE DT	NAME KATHY DILORETO
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS 1160 TROPICAL COVE DR.
		4.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952	
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	

14. 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 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 *Paul A. Teehan Jr* **PAUL A. TEEHAN JR 4/20/98 407-861-3244**

CF2E037 (10/97)