

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90012 036 ****61.25

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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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/20/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3207627

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIORETP, 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 DS
NAME PALIN, JENIFER M
STREET ADDRESS 1100 TROPICAL COVE DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE DP
NAME TEEHAN, PAUL A J
STREET ADDRESS 3151 BLUE HORIZON CT
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE DV
NAME DUTTER, KEITH
STREET ADDRESS 3132 PEACEFUL ISLE CT
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE DT
NAME DIORETO, KATHY
STREET ADDRESS 1160 TROPICAL COVE DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME LISSA MENYHART
4.3 STREET ADDRESS 3172 SUNSET BEACH CT.
4.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEEHAN

3/23/99 407-861-4005

Date

Daytime Phone #

CR2E037 (11/98)