# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2004 8:00 am**
**Secretary of State**
04-28-2004 90305 004 ****61.25

DOCUMENT # N93000004731

1. Entity Name
SOUTH TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 542423<br>MERRITT ISLAND, FL 32952 US | P.O. BOX 542423<br>MERRITT ISLAND, FL 32952 US |

04162004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3207627 ☐ Applied For ☐ Not Applicable

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

| 6. ~~Name and Address of Current Registered Agent~~ | 7. ~~Name and Address of New Registered Agent~~ |
|---|---|
| SHANE, CAROL R<br>1220 TROPICAL COVE DR.<br>MERRITT ISLAND, FL 32952 | Name: Brenda Gonser<br>Street Address (P.O. Box Number is Not Acceptable)<br>3180 Crescent Beach Ct.<br>City: Merritt Isl, Fla FL Zip Code: 32952 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

X SIGNATURE: Brenda H Gonser 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HAROLD, JERRY<br>1240 TROPICAL COVE DR.<br>MERRITT ISLAND, FL 32952 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PALIN, DOUGLAS<br>1100 TROPICAL COVE DR.<br>Merritt Isl, Fla 32952 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SENN, BERNIE<br>3130 PEACEFUL ISLE CT.<br>MERRITT ISLAND, FL 32952 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>DUTTER KEITH<br>3132 PEACEFUL ISLE CT.<br>Merritt Isl, Fla 32952 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SHANE, CAROL R<br>1220 TROPICAL COVE DR.<br>MERRITT ISLAND, FL 32952 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GONSER, BRENDA<br>3180 CRESCENT BEACH CT.<br>Merritt Isl, Fla 32952 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>THOMAS, PEARL<br>1260 TROPICAL COVE DR.<br>MERRITT ISLAND, FL 32952 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>THOMAS, PEARL<br>1260 TROPICAL COVE DR.<br>Merritt Isl, Fla 32952 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] 4/19/04 (320) 302-4132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #