## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 03, 2003 8:00 am Secretary of State

1. Entity Nam Sou +1	MENT # N930000  Tropical Cove I SSOCiation, Inc  DO NOT WRITE	Homeowners			04-03-2003 90142 (	006 ****61.25
13		*	Į.			
	Place of Business	3. Mailing Address				
Y.O. Suite, Apt.	Box 542423	P.o. Box 5	42423	·	DO NOT WORK WITHOU	24.05
Suite, Apt.	, #, etc.	Suite, Apr. #, etc.			DO NOT WRITE IN THIS S	PACE
City & Stat	te Tolo d Ti	City & State	1	4. FEI Number	30-7/ 0-7	Applied For
Merr	itt Island, FL Country	Merritt I	Country		207627	Not Applicable 88.75 Additional
3295		32952	USA_	5. Certificate of		Fee Required
	ف خوان می میکند می این از این از این	- Andrew Commence	Name	7. Name and Ac	dress of Current Registered	Agent
	DO NOT W IN THIS SP		. <u>I</u> a.	Address (P.O. Box Number 20 Tropic  Merritt I.		Zip Code 32452
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its			, in the state of Florida. I am fa	miliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	Shane and little if applicable. (NOT	Car (E: Registered Agent signs	ol R. Sha sture required when reinstating)	ne DATE	
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Cor						
· · · · · · · · · · · · · · · · · · ·	Initial or Amended UBR	Trust Fund		\$5.00 May Be Added to Fees	Make Check Florida Depart	_
10.		Trust Fund	Contribution.	\$5.00 May Be Added to Fees		_
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Unified 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4-1-03</u>

321-455-6068

Daytime Phone #