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

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90142 006 ****61.25

DOCUMENT # N93000004731

1. Entity Name
South Tropical Cove Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 542423	P.O. Box 542423
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip: 32952 Country: USA	Zip: 32952 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carol R. Shane

Street Address (P.O. Box Number is Not Acceptable): 1220 Tropical Cove Dr.

City: Merritt Island 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.

SIGNATURE: Carol R. Shane Carol R. Shane DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE	P/D
NAME	Jerry Harold
STREET ADDRESS	1240 Tropical Cove Dr.
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	VP/D
NAME	Bernie Senn
STREET ADDRESS	3130 Peaceful Isle Ct.
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	T/D
NAME	Carol R. Shane
STREET ADDRESS	1220 Tropical Cove Dr.
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	S/D
NAME	Pearl Thomas
STREET ADDRESS	1260 Tropical Cove Dr.
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol R Shane 4-1-03 321-455-6068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #