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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002004 (9)

1. Corporation Name

TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

37511 OAK LAKE DRIVE
ZEPHYRHILLS FL 33541

37511 OAK LAKE DRIVE
ZEPHYRHILLS FL 33541-6840

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2755864

Applied For
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBLANC, GEORGE
37511 OAK LAKE DRIVE
ZEPHYRHILLS FL 33541

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE C
NAME PRICE, MARY
STREET ADDRESS 3246 BLUE LAGOON DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL

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

TITLE VC
NAME SMITH, CLARENCE
STREET ADDRESS 37645 TRADEWIND DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL

2.1 TITLE VC
2.2 NAME FISHER, LEE
2.3 STREET ADDRESS 3220 LOTUS BLOSSOM DR.
2.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE S
NAME HOOPINGARNER, PATRICIA
STREET ADDRESS 37537 BERMUDA DR
CITY-ST-ZIP ZEPHYRHILLS FL

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

TITLE T
NAME ENGLE, LOIS
STREET ADDRESS 37621 BERMUDA DR
CITY-ST-ZIP ZEPHYRHILLS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME PERRY, ROBERT
STREET ADDRESS 37621 BERMUDA DR
CITY-ST-ZIP ZEPHYRHILLS FL

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

TITLE T
NAME BENT, BEVERLY
STREET ADDRESS 37638 TAHITIAN CT
CITY-ST-ZIP ZEPHYRHILLS FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: MARY PRICE *Mary Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 26, 1997 (813) 782-5357

Date Daytime Phone # 0045832

CR2E037 (9/96)