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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002004 (9)
1. Corporation Name
TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business 37511 OAK LAKE DRIVE ZEPHYRHILLS FL 33541	Mailing Address 37511 OAK LAKE DRIVE ZEPHYRHILLS FL 33541
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3. Date Incorporated or Qualified 04/20/1994	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2755864		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEBLANC, GEORGE
37511 OAK LAKE DRIVE
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	PRICE, MARY
STREET ADDRESS	3246 BLUE LAGOON DRIVE
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	VC <input type="checkbox"/> DELETE
NAME	FISHER, LEE
STREET ADDRESS	3220 LOTUS BLOSSOM DR
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HOOPINGARNER, PATRICIA
STREET ADDRESS	37537 BERMUDA DR
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ENGLE, LOIS
STREET ADDRESS	37621 BERMUDA DR
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	PERRY, ROBERT
STREET ADDRESS	37621 BERMUDA DR
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BENT, BEVERLY
STREET ADDRESS	37638 TAHITIAN CT
CITY-ST-ZIP	ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beverly Bent
1.3 STREET ADDRESS	37638 Tahitian Court
1.4 CITY-ST-ZIP	Zephyrhills FL 33541
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beatrice Litke
2.3 STREET ADDRESS	37700 Tradewinds Drive
2.4 CITY-ST-ZIP	Zephyrhills FL 33541
3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hal Corey
3.3 STREET ADDRESS	37518 Pompano Court
3.4 CITY-ST-ZIP	Zephyrhills FL 33541
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Betty Langshaw
4.3 STREET ADDRESS	37637 Oak Ridge Lane
4.4 CITY-ST-ZIP	Zephyrhills FL 33541
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Mary Price** (813) 782-7357

CR2E037 (10/97)