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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90057 048 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000002004**

1. Corporation Name

**TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

37511 OAK LAKE DRIVE  
 ZEPHYRHILLS FL 33541

Mailing Address

37511 OAK LAKE DRIVE  
 ZEPHYRHILLS FL 33541



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

59-2755864

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

**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

TITLE  DELETE

NAME **BENT, BEVERLY**  
 STREET ADDRESS **37638 TAHITIAN CT**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE  DELETE

NAME **LITKE, BEATRICE**  
 STREET ADDRESS **37700 TRADEWINDS DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE  DELETE

NAME **COREY, HAL**  
 STREET ADDRESS **37518 POMPANO CT**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE  DELETE

NAME **LANGSHAW, BETTY**  
 STREET ADDRESS **37637 OAK RIDGE LN**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE  DELETE

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

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME **Richard Curtiss**  
 1.3 STREET ADDRESS **37512 Pompano Court**  
 1.4 CITY-ST-ZIP **Zephyrhills 33541**

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 MARY PRICE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 582-5357

Date

Daytime Phone #

CR2E037 (11/98)