

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002004

1. Entity Name

TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

37511 OAK LAKE DRIVE
ZEPHYRHILLS FL 33541

Mailing Address

37511 OAK LAKE DRIVE
ZEPHYRHILLS FL 33541-6840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2755864

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBLANC, GEORGE
37511 OAK LAKE DRIVE
ZEPHYRHILLS FL 33541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	CURTISS, RICHARD	
STREET ADDRESS	37512 POMPANO CT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COREY, HAL	
STREET ADDRESS	37518 POMPANO CT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERRY, ROBERT	
STREET ADDRESS	37621 BERMUDA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Price, Mary	
STREET ADDRESS	3246 Blue Lagoon Drive	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	Hoopingarner, Patricia	
STREET ADDRESS	37537 Bermuda Drive	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Gardner, Hal	
STREET ADDRESS	37641 Tahitian Court	
CITY-ST-ZIP	Zephyrhills, FL 33541	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corey, Hal	
STREET ADDRESS	37518 Pompano Court	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pineau, Jayne	
STREET ADDRESS	37525 Tradewind Drive	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rutledge, Dorothy	
STREET ADDRESS	3130 Blue Lagoon Drive	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phelps, Ruth	
STREET ADDRESS	37626 Oak Ridge Lane	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corey, Calvin	
STREET ADDRESS	3207 Egret Landing	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hal Corey* Hal Corey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2000 (813) 788-1113

Date

Daytime Phone #

CR2E037 (9/99)