2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 04, 2005 8:00 am **Secretary of State** DOCUMENT # N9400002004 1. Entity Name 03-04-2005 90071 016 ****61.25 TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address 37511 OAK LAKE DRIVE ZEPHYRHILLS FL 33541 37511 OAK LAKE DRIVE ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2755864 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEBLANC, GEORGE Street Address (P.O. Box Number is Not Acceptable) 37511 OAK LAKE DRIVE ZEPHYRHILLS FL 33541 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE **⊠** Change ☐ Addition MARGE CARLSON KUHN, ED 37540 OAK LAKE PRIVE NAME NAME 37546 BERMUDA DRIVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 ZEPHYRHILLS, FL 3354 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Del ete TITLE THIF WILLIAM FLANAGAN COREY, CAL NAME NAME 7226 BREEZY WAY 3207 EGRET LANDING STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-ZIP TITLE - -☐ Change -Addition ☐ Delete MUELLER, BETTY JUNE COREY NAME NAME 37543 TRADOUND DRIVE 37629 CARRIBEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP TITLE Delete GUY, STANLEY NAME NAME DICK CRAMP 37634 BERMUDA DRIVE 37601 OAK VAKE DRIVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CHTY-ST-7IP CITY-ST-ZIP TITLE TRUSTER ☐ Change X Addition TITLE Delete GARAFOLO, SHIRLEY NAME NAME FRAN SAWYER 37518 POMPANO COURT STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition X Delete TITLE TR ÚS TRE TITLE ENGLE, LOIS NAME NAME 37621 BERMUDA DRIVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-7IP 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

FILED

SIGNATURE: Mariarie V. Carlson 2-25-65 (8/3) 782-553.

SIGNATURE: Daylore Printed NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Phone (

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