
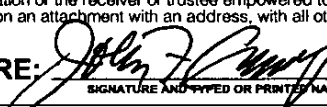


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90008 030 \*\*\*\*61.25

<b>DOCUMENT # N94000002004</b> 1. Entity Name <b>TROPICAL ACRE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541</b>			Mailing Address <b>37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2755864</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEBLANC, GEORGE 37511 OAK LAKE DRIVE ZEPHYRHILLS, FL 33541</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE P NAME FLANAGAN, WILLIAM STREET ADDRESS 2226 BREEZY WAY CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE VP NAME CROWLEY, JOHN STREET ADDRESS 37601 BIRMIN DRIVE CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME CRAMB, DICK STREET ADDRESS 37601 OAK LAKE DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete		TITLE T NAME HOWARD, BILL STREET ADDRESS 332 BREEZY WAY CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MUELLER, BETTY STREET ADDRESS 37629 CARRIBEAN DR. CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete		TITLE T NAME WILSON, GRANT STREET ADDRESS 37517 POMPANO CT CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME COREY, JUNE STREET ADDRESS 37543 TRADEWIND DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE T NAME CLOUGH, JEN STREET ADDRESS 37702 CARIBBEAN DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME GEISEL, LAURENCE STREET ADDRESS 37651 TRADEWIND DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE T NAME KUHN, ED STREET ADDRESS 37546 BERMUDA DR CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SAWYER, FRAN STREET ADDRESS 37544 POMPANO COURT CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE T NAME HUNTON, ANN STREET ADDRESS 3151 BLUE LAGOON CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			JOHN F. CROWLEY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/26/07 813-715-7141		