FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

3/28/96

1996

DOCUMENT #
1. Corporation Name

MATURE

N95000001369 (6)

TROPICAL BREEZE MHP HOMEOWNER'S ASSOCIATION, INC

ipal Place of Business E. LEBRON FREE. ESO. IS PARK DR SUITE 3 EARWATER FL 34623-1023 rincipal Place of Business suite, Apt. #, etc. Sity & State Ip Country 25 9. Name and Address of Curr FREE, E. LEBRON 2725 PARK DR. SUITE 3 CLEARWATER FL 34623-1023	Mailing Address % E. LEBRON FREE. E 2725 PARK DR. SUITE CLEARWATER FL 34623 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 rent Registered Agent	3	Name	3. Date Incorporated or Qualified 03/21/1995 4. FEI Number 3329/49 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Research	\$8.7 Fe \$5. Add htangible tax under Yes [V] No	Applied For Not Applicable 75 Additional Required .00 May Be ded to Fees
PARK DR SUITE 3 EARWATER FL 34623-1023 Principal Place of Business Puite, Apt. #, etc. Dity & State Ip Country 25 9. Name and Address of Curr FREE, E. LEBRON 2725 PARK DR. SUITE 3	2725 PARK DR SUITE CLEARWATER FL 34624 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3 3-1023 Countr 30	Name	Solution of the status of New Research Solution of Status Desired Solution Campaign Financing Trust Fund Contribution Solution of Status Desired Solution Campaign Financing Trust Fund Contribution Solution of Status Of Status of New Research Solution of Status Of S	\$8.7 Fe \$5. Ad attangible tay under Yes [V] No	Applied For Not Applicable 75 Additional Required .00 May Be ded to Fees
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9. Name and Address of Curr FREE, E. LEBRON 2725 PARK DR. SUITE 3	29	30	Name	Florida Statutes 10. Name and Address of New Ro	Yes 🗹 No	s. 199.032,
9. Name and Address of Curr FREE, E. LEBRON 2725 PARK DR. SUITE 3		8		10. Name and Address of New Ro		
FREE, E. LEBRON 2725 PARK DR. SUITE 3	ent Registered Agent				34.0.0	
2725 PARK DR. SUITE 3		8:	Street Add			
2725 PARK DR. SUITE 3		8	/ Street Ado	(LC) Pay Number is Not Acceptable	o)	
SUITE 3		1		ress (P.O. Box Number is Not Acceptable	♥) 	
		8:	3			
		8	4 City		85	Zip Code
Pursuant to the provisions of Sections 617.05			'		FL "	
Pursuant to the provisions of Sections 617.05 or registered agent, or both, in the State of Flamiliar with, and accept the obligations of, Section 1997.	orida. Such change was authoriz	zea by the cor	poration's boa	ard of directors. I hereby accept the appo	intment as register	ed agent. I am
NATURE Signature, typed or printed name of registered as	peur ano title il anol cable ING	OTE: Registered Ag	ent signature require	ad when roinstating	DATE	
	AND DIRECTORS	13.		ADDITIONS/CHANGES 10 OFFI	CERS AND DIREC	TORS IN 12
D	DELETE	1.1 THLE	Ž	2	Chang	ge 🔼 Addition
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ET ADDRESS 24698 4.5. HU	2//20		ET ADDRESS	2013000	11/22	
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SI-ZIP CLEARABARE, FL	DELETE		7317211	PIPARWART, FL	Chan	ge 🔀 Addition
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E D	Chorreig	5.1 TITU			□ ¢ııaıı	ge [_] Addition
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But Mauria DE	34672	5.3 STR	ET ADDRESS			
ST-ZIP CCC TANKALA, T. C.	FIDELETE	6.4 CHY	- ST - ZIP		☐ Chan	ge 🔲 Addition
HARRY HAUSON	10 Was 10+ 36	3 5 6.2 NAN	i			
TADDRESS 24698 U.S. HWY.	19 NORTH COL	63 STR	EET ADDRESS			
CI TO CLENCIUMIZI E	7 34622	6.4 CiTy	-ST-7IP			
do hereby certify that the information suppli	ied with this filing is voluntarily fur			for the exemption stated in Section 119	.07(3)(k), Florida St	atutes. I further
do hereby certify that the information suppli- certify that the information indicated on this a rath; that I am an officer or diffector of the or oppears in Block 32 or Block 13 if changed	annual report or supplemental an apporation or the receiver or trust	inuai report is tee empowere	irue and accur d to execute ti	his report as required by Chapter 617, F	orida Statutes; and	that my name

AME OF SIGNING OFFICER OR DIRECTOR