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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001369 (6)

1. Corporation Name

TROPICAL BREEZE MHP HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business

Mailing Address

% E. LEBRON FREE. ESO.
2725 PARK DR., SUITE 3
CLEARWATER FL 33763-1023

% E. LEBRON FREE. ESO.
2725 PARK DR., SUITE 3
CLEARWATER FL 33763-1023

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33763 Country PIN 1023

28 Zip 33763 Country PIN 1023

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number

59-3329149

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

FREE, E. LEBRON
2725 PARK DR.
SUITE 3
CLEARWATER FL 33763-1023

81 Name

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

83

84 City

FL 85 33763-1023

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 D
NAME LAHON, BUD
STREET ADDRESS 24698 US HWY 19 NORTH LOT 310
CITY-ST-ZIP CLEARWATER FL 33763

TITLE D
NAME LAWTON, FRAN
STREET ADDRESS 24698 US HWY 19 NORTH LOT 502
CITY-ST-ZIP CLEARWATER FL

TITLE DS
NAME WILSON, LAURA
STREET ADDRESS 24698 US HWY 19 NORTH LOT 314
CITY-ST-ZIP CLEARWATER FL

TITLE OT
NAME COONEY, BOB
STREET ADDRESS 24698 US HWY 19 NORTH LOT 307
CITY-ST-ZIP CLEARWATER FL 3

TITLE D
NAME ADASE, JOYCE
STREET ADDRESS 24698 US HWY 19 N LOT 812
CITY-ST-ZIP CLEARWATER FL 33763

TITLE D
NAME HANSON, HARRY
STREET ADDRESS 24698 US HWY 19 NORTH LOT 302
CITY-ST-ZIP CLEARWATER FL 33763

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME BOB BOHNEMAN
1.3 STREET ADDRESS 24698 U.S. 19, LOT 301
1.4 CITY-ST-ZIP CLEARWATER, FL 33763

2.1 TITLE D
2.2 NAME BILL BRAGG
2.3 STREET ADDRESS 24698 U.S. 19, LOT 314
2.4 CITY-ST-ZIP CLEARWATER, FL 33763

3.1 TITLE D
3.2 NAME ART BROWN
3.3 STREET ADDRESS 24698 U.S. 19, LOT 109
3.4 CITY-ST-ZIP CLEARWATER, FL 33763

4.1 TITLE DST
4.2 NAME PAT ESHOM
4.3 STREET ADDRESS 24698 U.S. 19, LOT 297
4.4 CITY-ST-ZIP CLEARWATER, FL 33763

5.1 TITLE DV
5.2 NAME CORINNE MILLER
5.3 STREET ADDRESS 24698 U.S. 19, LOT 602
5.4 CITY-ST-ZIP CLEARWATER, FL 33763

6.1 TITLE D
6.2 NAME JOANNE OVERMAN
6.3 STREET ADDRESS 24698 U.S. 19, LOT 113
6.4 CITY-ST-ZIP CLEARWATER, FL 33763

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 recorder 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.

SIGNATURE:

Pat Eshom

2-13-98

725-3289
(813)

CR2E037 (10/97)