

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90004 037 ****61.25

DOCUMENT # N95000001369

1. Corporation Name

TROPICAL BREEZE MHP HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE D/P
NAME LAUON, HARRY
STREET ADDRESS 24698 UW HWY 19 NORTH, LOT 310
CITY-ST-ZIP CLEARWATER FL 33763

TITLE D ☒ DELETE

NAME BRAGG, BILL
STREET ADDRESS 24698 US 19, LOT 314
CITY-ST-ZIP CLEARWATER FL 33763

TITLE D ☐ DELETE

NAME BROWN, ART
STREET ADDRESS 24698 US 19, LOT 105
CITY-ST-ZIP CLEARWATER FL 33763

TITLE DST ☒ DELETE

NAME ESHOM, PAT
STREET ADDRESS 24698 US 19, LOT 297
CITY-ST-ZIP CLEARWATER FL 33763

TITLE DV ☒ DELETE

NAME MILLER, CORINNE
STREET ADDRESS 24698 US 19, LOT 602
CITY-ST-ZIP CLEARWATER FL 33703

TITLE D ☒ DELETE

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 ☒ Change ☐ Addition

1.1 TITLE D/P
1.2 NAME LAUON, HARRY
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D/S
2.2 NAME COCKRELL, MARGARET
2.3 STREET ADDRESS 24698 US 19, LOT 309
2.4 CITY-ST-ZIP CLEARWATER, FL 33763

3.1 TITLE D
3.2 NAME WICOFF, RITA
3.3 STREET ADDRESS 24698 US 19, LOT 301
3.4 CITY-ST-ZIP CLEARWATER, FL 33763

4.1 TITLE D/T
4.2 NAME OVERMAN, JOANNE
4.3 STREET ADDRESS 24698 US 19, LOT 212
4.4 CITY-ST-ZIP CLEARWATER, FL 33763

5.1 TITLE D
5.2 NAME GRANT, ETHEL
5.3 STREET ADDRESS 24698 US 19, LOT 115
5.4 CITY-ST-ZIP CLEARWATER, FL 33763

6.1 TITLE D
6.2 NAME HOWARD, CHARLIE
6.3 STREET ADDRESS 24698 US 19, LOT 203
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 receiver 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

3/2/99 (127) 797-0543

CR2E037 (11/98)