

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90220 039 ****61.25

DOCUMENT # N95000001939

1. Corporation Name

**TROPICAL ACRES HOMEOWNERS ASSOCIATION OF AUBURND
ALE, INC.**

Principal Place of Business

5333 GLENMORE DRIVE
LAKELAND FL 33813

Mailing Address

P.O. BOX 1303
AUBURNDALE FL 33823



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/24/1995

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

APPLIED FOR

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GABALDON, ADRIAN
210 S. MAIN STREET
AUBURNDALE FL 33823**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☒ DELETE

NAME

ROBERTS, EUGENE L

STREET ADDRESS

5333 GLENMORE DRIVE

CITY-ST-ZIP

LAKELAND FL 33813

TITLE

SD

☐ DELETE

NAME

DURHAM, JIM

STREET ADDRESS

545 AVENUE K SOUTHEAST

CITY-ST-ZIP

WINTER HAVEN FL 33880

TITLE

TD

☐ DELETE

NAME

GABALDON, ADRIAN

STREET ADDRESS

210 S. MAIN STREET

CITY-ST-ZIP

AUBURNDALE FL 33823

TITLE

☐ DELETE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

Durham, Jim

1.3 STREET ADDRESS

545 Avenue K Southeast

1.4 CITY-ST-ZIP

Winter Haven, FL 33880

2.1 TITLE

SD

☒ Change ☒ Addition

2.2 NAME

Hansen, Mary

2.3 STREET ADDRESS

2236 Ariana Blvd.

2.4 CITY-ST-ZIP

Auburndale, FL 33823

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99 941-967-3557

Date

Daytime Phone #

CR2E037 (11/98)