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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 07 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-SE-7IP

SIGNATURE:

N95000005218 (1)

THE NEW TROPICAL ISLAND HOMEOWNERS ASSOCIATION. INC.

Principal Place of Business Mailing Address 30 TROPICAL ISLAND UN. 30 TROPICAL ISLAND LN. MERRITT ISLAND FL 32952-6801 MERRITT ISLAND FL 32952 3. Date incorporated or Qualified 11/03/1995 3a. Date of Last Report 05/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Country Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PAPPALARDO, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 30 TROPICAL ISLAND LN. 83 MERRITT ISLAND FL 32952 Zip Code 84 85 City 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 poligations of, Section 617.0503, Florida Statutes. SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE 1.1 TITLE TITLE WILLIAM & EILEEN PAGE SCHARTZ, STANLEY 1.2 NAME NAME 20 Tropical ISL. LANE 17 TROPICAL ISLAND LANE 1.3 STREET ADDRESS STREET ADDRESS METRICE ISLAND, FI. 32952 MERRITT ISLAND FL 32952 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE n FRANK & GRETCHEN ZIMMERHAN 45 TROPICAL ISL. LN TITLE 2.2 NAME RUFO, PAUL NAME 10 TROPICAL ISLAND AVE. 23 STREET ADDRESS STREET ADDRESS MERRITT ISL. Fl. 32952 **MERRITT ISLAND FL 32952** 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE AURIE A. PAPPALARDO RUFO, DEBORAH 3.2 NAME NAME 30 Trapical Isl LN 10 TROPICAL ISLAND AVE. 3.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 Herntt Isl 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE HERBAUM, RANDY 4. 2 NAME NAME 30 Tropical Isl 35 TROPICAL ISLAND AVE. 4.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32911** 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition ☐ DELETE 5.1 TITLE THILE PAUL & Juyce HERBAUM, JUDY 5.2 NAME NAME 35 TROPICAL ISLAND AVE. **5.3 STREET ADDRESS** STREET ADDRESS **MERRITT ISLAND FL 32911** 5.4 CITY-ST-ZIP CITY-S1-ZIE Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 receivar 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 or an attachment with an address.