

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 001 ****61.25

DOCUMENT # N950000052181

1. Corporation Name

THE NEW TROPICAL ISLAND HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business

30 TROPICAL ISLAND LN.
MERRITT ISLAND FL 32952

Mailing Address

30 TROPICAL ISLAND LN.
MERRITT ISLAND FL 32952



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

NOT APPLICABLE

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

PAPPALARDO, RICHARD M
30 TROPICAL ISLAND LN.
MERRITT ISLAND FL 32952

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.

RICHARD M. PAPPALARDO

(NOTE: Registered Agent signature required when reinstating)

9/3/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHARTZ, STANLEY
STREET ADDRESS 17 TROPICAL ISLAND LANE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ DELETE

NAME RUFO, PAUL
STREET ADDRESS 10 TROPICAL ISLAND AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ DELETE

NAME RUFO, DEBORAH
STREET ADDRESS 10 TROPICAL ISLAND AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ DELETE

NAME HERBAUM, RANDY
STREET ADDRESS 35 TROPICAL ISLAND AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32911

TITLE D ☐ DELETE

NAME HERBAUM, JUDY
STREET ADDRESS 35 TROPICAL ISLAND AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32911

TITLE D ☐ DELETE

NAME PAGE, WILLIAM & EILE
STREET ADDRESS 20 TROPICAL ISL. LANE
CITY-ST-ZIP MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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

DATE

DAYTIME PHONE #