
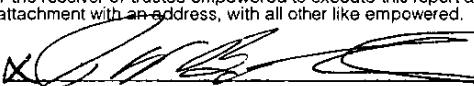


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90042 006 ****61.25

DOCUMENT # N96000005152 1. Entity Name TROPICAL ISLE CONDOMINIUM OWNERS ASSOCIATION, INC.						
Principal Place of Business 683 NAUTILUS COURT FORT WALTON BEACH FL 32548			Mailing Address 1114 SANTA ROSA BLVD FORT WALTON BEACH FL 32548			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	4. FEI Number 59-3425463			
				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORSENTINO, CHARLES % BEACON RESORT MANAGEMENT 1114 SANTA ROSA BLVD FORT WALTON FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
		Make Check Payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITFIELD, JIM 1353 27TH STREET KENNER LA 70062		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM BERBER 8161 MOSSEY OAK DR MONTGOMERY, AL 36117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKART, JOE 4815 MEADOW LAKE DR. CRESTVIEW FL 32539		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLFE, JOHN ST. 1317 CLEAR SPINGS DR. LAUREL HILL FL 32567		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STACY TUEL 707 OVERBROOK FORT WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL MCCLARD 502 NW 2nd AVE CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: X  JOSEPH BURKART 2/3/5 (850) 543-2734						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						