

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715371

Entity Name: TROPIC HARBOR ASSOCIATION, INC.**Current Principal Place of Business:**800 TROPIC ISLE DRIVE
DELRAY BEACH, FL 33483**Current Mailing Address:**800 TROPIC ISLE DRIVE
DELRAY BEACH, FL 33483**FEI Number:** 59-1310055**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOLLENGARDEN, PETER C.
9121 NO. MILITARY TRAIL
SUITE 2000
PALM BEACH GARDENS, FL 33410 US*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.***SIGNATURE:** PETER C. MOLLENGARDEN**05/14/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	AFFRUNTI, MARTHA
Address	3421 SPANISH TRAIL 328
City-State-Zip:	DELRAY BEACH FL 33483

Title	VP
Name	GEORGIANNA, FRAN
Address	3301 SPANISH TRAIL 102
City-State-Zip:	DELRAY BEACH FL 33483

Title	TREASURER
Name	KEENAN, FRANK
Address	921 SPANISH CIRCLE 335
City-State-Zip:	DELRAY BEACH FL 33483

Title	2ND VP
Name	SCHLATER, DEBBIE
Address	3401 SPANISH TRAIL 254
City-State-Zip:	DELRAY BEACH FL 33483

Title	3RD VP
Name	LAWSON, JOE
Address	3411 SPANISH TRAIL 320
City-State-Zip:	DELRAY BEACH FL 33483

Title	SECRETARY
Name	MORAN, JEAN
Address	3421 SPANISH TRAIL 424
City-State-Zip:	DELRAY BEACH FL 33483

Title	ASST. TREASURER
Name	KEARNS, GERALDINE
Address	921 SPANISH CIRCLE 336
City-State-Zip:	DELRAY BEACH FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK KEENAN**TREASURER****05/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date