

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001031

**FILED**  
**Feb 12, 2015**  
**Secretary of State**  
**CC0942793025**

**Entity Name:** TROPIC TERRACE OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7245 A1A SOUTH  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

101 LANCASTER PLACE  
SAINT AUGUSTINE, FL 32080

**FEI Number: 26-0849104**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES, KATHERINE G  
780 NORTH PONCE DE LEON BOULEVARD  
ST AUGUSTINE, FL 32084 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P,D  
Name DIAZ, JAIME A  
Address 260 EGRET STREET  
City-State-Zip: FORT MYERS BEACH FL 33931

Title T,D  
Name RADFORD, CHARLES WSR  
Address 101 LANCASTER PLACE  
City-State-Zip: ST AUGUSTINE FL 32080

Title S,D  
Name ROWLAND, ALICIA R  
Address 2122 CORTE CONDESA  
City-State-Zip: CHULA VISTA CA 91914

*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: CHARLES W. RADFORD,SR

T,D

02/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date