

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07835

Entity Name: TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 05, 2018
Secretary of State
CC5578108911

Current Principal Place of Business:

27 RICKERT DRIVE
LAKE PLACID, FL 33852

Current Mailing Address:

27 RICKERT DRIVE
LAKE PLACID, FL 33852 US

FEI Number: 59-2522188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FINNIGAN, FAITH E
350 BELLE TOWER AVE.
LAKE PLACID, FL 33852 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: FAITH E. FINNIGAN

02/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WHITACRE, ROGER
Address 115 BEARWOODS AVE
City-State-Zip: LAKE PLACID FL 33852

Title VP
Name FLAHERTY, THOMAS H
Address 429 BEAVER RUN ST.
City-State-Zip: LAKE PLACID FL 33852

Title TREASURER
Name COLLIER, MARCIA G
Address 329 BELLE GROVE ST.
City-State-Zip: LAKE PLACID FL 33852

Title SECRETARY
Name FINNIGAN, FAITH
Address 350 BELLE TOWER AVE
City-State-Zip: LAKE PLACID FL 33852

Title MEMBERSHIP
Name FOLAND, FREDERICK G II
Address 125 BEAUCHAMP ST.
City-State-Zip: LAKE PLACID FL 33852

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: FAITH E. FINNIGAN

SECRETARY

02/05/2018

Electronic Signature of Signing Officer/Director Detail

Date