

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42440

Entity Name: TROPIC ISLES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**235 BIMINI DR.
PALMETTO, FL 34221**Current Mailing Address:**235 BIMINI DR.
PALMETTO, FL 34221 US**FEI Number:** 59-2396106**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, NADINE
235 BIMINI DR.
PALMETTO, FL 34221 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	D
Name	ANTONACCI, ANN
Address	37 FLORES DR.
City-State-Zip:	PALMETTO FL 34221

Title	TD
Name	KELLY, NADINE
Address	235 BIMINI DR.
City-State-Zip:	PALMETTO FL 34221

Title	SD
Name	KUEHN, PEGGY
Address	33 FLORES DR.
City-State-Zip:	PALMETTO FL 34221

Title	PD
Name	VERN, JANET
Address	205 BIMINI DR
City-State-Zip:	PALMETTO FL 34221

Title	D
Name	KUBIT, CINDY
Address	16 FLORES DR
City-State-Zip:	PALMETTO FL 34221

Title	D
Name	CADIZ, BILL
Address	136 CAPRI DR
City-State-Zip:	PALMETTO FL 34221

Title	VD
Name	DIESING, LINDA
Address	57 MONTEGO DR
City-State-Zip:	PALMETTO FL 34221

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: JANET VERN

PD

04/29/2013

Electronic Signature of Signing Officer/Director Detail_____
Date