2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2007 8:00 am Secretary of State DOCUMENT # N03000004111 1. Entity Name 02-14-2007 90065 001 ****61.25 TPC PROPERTY OWNERS, INC. Principal Place of Business Mailing Address 8824 BELAGIO DRIVE 8824 BELAGIO DRIVE TRINITY FL 34655 TRINITY FL 34655 2. Principal Place of Business - No P.O Box # 8833 NAW DUCK STR 3. Mailing Address 8833 NAWback Street Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For -City & State City & State 4. FEI Number 16-1694356 PINIT Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL, ALAN S Street Address (P.O. Box Number is Not Acceptable) 8824 BELAGIO DRIVE TRINITY FL 34655 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature recrired when reinstitling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Due By May 1, 2007 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PRESIDENT D X Delete ☐ Change X Addition TITLE THEF DR. MYRON S. GRAFF NAME BRONSON, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1822 Health CARE DR. 777 S HARBOUR ISLAND BLVD., #360 CHY SI ZIP TAMPA FL 33602 CHY ST 7P TRINITY TL 346 VICE-PRESIDENTYD шп Change Addition HILLE SD Delete DR. BRUCE LANDON NAME NAME WALTER, ROBERT A 1813 Wellness LAME STREET ADDRESS STREET ADDRESS 777 S HARBOUR ISLAND BLVD., #360 CITY ST 78P **TAMPA FL 33602** CUTY ST ZIP TRINITY mu ☐ Change **X** Addition ☐ Delete MARSHZII AN S. NAMI NAME BELASIO DR STREET ADDRESS STREELADORESS CITY ST 7IP CHY ST-719 X Addition ☐ Change ☐ Delete HILLE 11111 L. Kehue NAMÉ NAME STREET ADDRESS STREET ADDRESS 8833 HAWDUCK STREET CITY ST-71P CITY ST 789 7L 34655 RINITY Addition BILL ☐ Delele THILE ☐ Change DR. IRA Bennett NAME NAME 1810 Wellness LANE STREET ADDRESS STREET ADDRESS Rinity CITY S1-ZIP CITY ST ZIP ☐ Change Addition ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS 8845, HAW buck street CITY - ST- ZIP CITY SI-ZIP TRINITY 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

FILED

THOMAS L. SIGNATURE: