

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90367 016 ****61.25

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DOCUMENT # N04000002553			
1. Entity Name TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 12751 NEW BRITTANY AVE 5TH FLOOR FORT MYERS, FL 33907		Mailing Address 12751 NEW BRITTANY AVE 5TH FLOOR FORT MYERS, FL 33907	
2. Principal Place of Business		3. Mailing Address 6700 Winkler	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #2	
City & State		City & State Ft. Myers FL	
Zip	Country	Zip	Country
33919	US	33919	US
4. FEI Number 20-2233700		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHUTT, DARRIN R ESQ STE C, 1105 CAPE CORAL PKWY E CAPE CORAL, FL 33904		Name: Alliant Property Mgmt. Street Address (P.O. Box Number is Not Acceptable): 6700 Winkler Rd #2 City: Ft. Myers FL Zip Code: 33919	
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: <i>Jack Strohm</i> Jack Strohm		DATE: 4-24-06	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP	NAME: TEMMEL, STEPHEN	TITLE: VP	NAME: [Blank]
STREET ADDRESS: 12751 NEW BRITTANY AVE, 5TH FLR	CITY-ST-ZIP: FORT MYERS, FL 33907	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]
TITLE: DVPT	NAME: WOLF, SCOTT	TITLE: T	NAME: [Blank]
STREET ADDRESS: 12751 NEW BRITTANY AVE, 5TH FLR	CITY-ST-ZIP: FORT MYERS, FL 33907	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]
TITLE: DS	NAME: SIMICKI, LAURA	TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: 12751 NEW BRITTANY AVE, 5TH FLR	CITY-ST-ZIP: FORT MYERS, FL 33907	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	TITLE: P	NAME: Shane Tucker
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	STREET ADDRESS: 12751 new Brittany Ave 5fl	CITY-ST-ZIP: Ft. Myers, FL 33907
TITLE: [Blank]	NAME: [Blank]	TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jack Strohm</i> Jack Strohm		DATE: 4-24-06	