## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22123

FILED Feb 24, 2009 Secretary of State

Entity Name: THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIATION, INC.

| Current Principal Place of Business:        |  |                                       | New Princ                                   | New Principal Place of Business:   |       |  |
|---|--|---------------------------------------|---|--|-------|--|
| 201 FRON                                    | T STREET   |                                       |   |  |       |  |
| SUITE 103<br>KEY WEST                       | Γ, FL 33040  | US                                    |   |  |       |  |
| Current Mailing Address:                    |  |                                       | New Mailir                                  | New Mailing Address:   |       |  |
| 201 FRON                                    | T STREET   |                                       |   |  |       |  |
| SUITE 103                                   |  | US                                    |   |  |       |  |
| FEI Number:                                 | 65-0069401   | FEI Number Applied For ( )            | l Number Not Appli                          | licable ( ) Certificate of Status Desired ( )  |       |  |
| Name and                                    | Address of C   | urrent Registered Agent:              | Name and                                    | Address of New Registered Agent:   |       |  |
| 201 FRON'<br>SUITE 103                      | i, CHRISTIAN<br>T STREET<br>Γ, FL 33040 U              | is                                    |   |  |       |  |
|   | named entity s<br>of Florida.                          | submits this statement for the purpor | se of changing it                           | ts registered office or registered agent, or be  | oth,  |  |
| SIGNATUF                                    | RE:  |                                       |   |  |       |  |
|   | Electron   | ic Signature of Registered Agent      |   | Date   |       |  |
| OFFICERS AND DIRECTORS:                     |  |                                       | ADDITION                                    | IS/CHANGES TO OFFICERS AND DIREC   | TORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | SD ()<br>METTY, AL<br>2511 S STATE<br>ANN ARBOR, M     |                                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DT ()<br>BERRY, HAROL<br>5331 TEAKWOO<br>ERIE, PA 1650 | DD CIR.                               | Title:<br>Name:<br>Address:<br>City-St-Zip: | PD (X) Change ( ) Addition<br>BERRY, HAROLD<br>515 NOAH LANE<br>KEY WEST, FL 33040               |       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P/D ()<br>TUKEY, TOM<br>58 FRONT ST.<br>KEY WEST, FL   | Delete                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | D (X) Change ( ) Addition<br>KIEL, STEVE<br>401-D EMMA STREET<br>KEY WEST, FL 33040              |       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ()<br>PORTER, STEV<br>375 ROSLYN R<br>WINSTON SALE   | D                                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | VD (X) Change ( ) Addition<br>PORTER, STEVE<br>375 ROSLYN RD<br>WINSTON SALEM, NC                |       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VD ()<br>HALL, JIM<br>208 53RD ST<br>VIRGINIA BEAC     | Delete<br>H, VA 23451                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | D (X) Change () Addition<br>RUMRELL, RICK<br>24 CATHEDRAL PLACE, #504<br>ST. AUGUSTINE, FL 32084 |       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ()<br>FRECHETTE, B<br>330 CAROLINE<br>KEY WEST, FL   | ST.                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | TD (X) Change ( ) Addition<br>FRECHETTE, BOB<br>330 CAROLINE ST.<br>KEY WEST, FL 33040           |       |  |
|   |  |                                       |   |  |       |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD BERRY PD 02/24/2009