2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2012
Secretary of State

DOCUMENT# N22123

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

Current Principal Place of Business:

201 FRONT STREET
SUITE 103
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET
SUITE 103
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0069401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERLING, CHRISTIAN
201 FRONT STREET
SUITE 103
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD
Name: METTY, AL
Address: 2511 S STATE ST
City-St-Zip: ANN ARBOR, MI 48104

Title: PD
Name: BERRY, HAROLD
Address: 515 NOAH LANE
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: KIEL, STEVE
Address: 401-D EMMA STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD
Name: FRECHETTE, BOB
Address: 330 CAROLINE STREET
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: DAN, SUJAK
Address: 631 NORCROSS DRIVE
City-St-Zip: BATAVIA, IL 60510

Title: D
Name: HAMMOND, CHUCK
Address: 513 NOAH LANE
City-St-Zip: KEY WEST, FL 33040

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: HAROLD BERRY PD 03/13/2012

Electronic Signature of Signing Officer or Director Date