

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100549

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: TROPICAL POINTE RESORT, INC

**Current Principal Place of Business:**

91750 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

1817 WESTGATE PARKWAY  
ATLANTA, GA 30336

**New Mailing Address:**

FEI Number: 26-0873293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CATARINEAU, JOE A  
91750 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEVENS, KEN  
Address: 1817 WESTGATE PARKWAY  
City-St-Zip: ATLANTA, GA 30336

Title: VP ( ) Delete  
Name: ORTON, STEVE  
Address: 1817 WESTGATE PARKWAY  
City-St-Zip: ATLANTA, GA 33036

Title: VP ( ) Delete  
Name: BROWN, CLIFFORD  
Address: 1817 WESTGATE PARKWAY  
City-St-Zip: ATLANTA, GA 33036

Title: VP ( ) Delete  
Name: MCEACHIN, DON  
Address: 1817 WESTGATE PARKWAY  
City-St-Zip: ATLANTA, GA 33036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD BROWN

VP

07/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date