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. 04/20/2018

SIGNATURE: PETTINATO, RICHARD

SUITE 203 City-State-Zip: FORT MYERS FL 33913

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400002553

Entity Name: TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11691 GATEWAY BOULEVARD SUITE 203 FORT MYERS, FL 33913

Current Mailing Address:

11691 GATEWAY BOULEVARD SUITE 203 FORT MYERS, FL 33913 US

FEI Number: 20-2233700

Name and Address of Current Registered Agent:

VISION MANAGEMENT 11691 GATEWAY BOULEVARD SUITE 203 FORT MYERS, FL 33913 US

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

Officer/Director Detail :

	Title	TSD	Title	PRESIDENT
	Name	PETTINATO, RICHARD	Name	ZELDON, EVAN
	Address	8862 TROPICAL CT.	Address	11691 GATEWAY BLVD SUITE 203
	City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33913
	Title	VP	Title	DIRECTOR
	Name	CLOSSER, JERRY	Name	KOLSUN, JOBY
	Address	11691 GATEWAY BOULEVARD SUITE 203	Address	11691 GATEWAY BOULEVARD SUITE 203
	City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	FORT MYERS FL 33913
	Title	DIRECTOR		
	Name	CAMPBELL. SAM		
	Name	CAMI BLEE, SAM		
	Address	11691 GATEWAY BOULEVARD		

TSD



Certificate of Status Desired: No

Date

Date