

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002553

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC9139324754**

**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

**FEI Number:** 20-2233700

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name ZLAKIN, IRA  
Address 11691 GATEWAY BLVD SUITE 203  
City-State-Zip: FORT MYERS FL 33913

Title TSD  
Name PETTINATO, RICHARD  
Address 8862 TROPICAL CT.  
City-State-Zip: FORT MYERS FL 33908

Title PRESIDENT  
Name ZELDON, EVAN  
Address 11691 GATEWAY BLVD SUITE 203  
City-State-Zip: FORT MYERS FL 33913

*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:** RICHARD PETTINATO

TSD

04/24/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date