

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700261

FILED
Feb 24, 2009
Secretary of State

Entity Name: TROPICAL POINT IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

636 SW 8TH TERR
FT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

636 SW 8TH TERR
FT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 23-7033326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KISSEE, JOHN
636 SW 8TH TERR.
FORT LAUDERDALE, FL 33315 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: D () Delete
Name: REVIS, SUZANNE
Address: 649 SW 8TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S () Delete
Name: KISSEE, JOHN
Address: 636 SW 8 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: T () Delete
Name: REVIS, SUZANNE
Address: 649 SW 8 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP () Delete
Name: BUCKINGHAM, STEVE
Address: 628 SW 8 TERRACE
City-St-Zip: FT LAUDERDALE, FL 33315

Title: D () Delete
Name: JACKSON, REIN
Address: 601 SW 8 TERRACE
City-St-Zip: FT LAUDERDALE, FL 33315

Title: P () Delete
Name: OREMAN, JAY
Address: 636 SW 8TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315

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:

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

SIGNATURE: JAY OREMAN

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date